

# LAFAYETTE COLLEGE

*Office of Human Resources*

## Life Status Event Change Form

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Department

\_\_\_\_\_  
Extension

### Life Status Event Change:

This portion of the form is used to notify the Office of Human Resources of one of the Life Status Event Changes, which permits you to change a pre-tax benefit election outside of the annual Open Enrollment period. You can change the level of coverage under your medical/dental plans during the year only if you experience an IRS qualified change in status. The Internal Revenue Service defines a Change of Status Event as:

- ♦ Marriage or divorce
- ♦ Birth or adoption of a child
- ♦ Death of a spouse or child
- ♦ Change in employment status of you or your spouse resulting in loss or gain of coverage
- ♦ Change in full-time student status of your unmarried dependent child
- ♦ Judgment, decree or order
- ♦ Medicare entitlement

The Internal Revenue Service requires that your benefit change must be consistent with the Change of Status event.

If your Life Status Change is reported within 31 days of the event, your new election will be effective the first of the month following the event. The addition of a child due to child birth or adoption will be effective as of the date of birth or adoption, if the Status Change Event is reported within 31 days of the birth or adoption. If you fail to report a Status Change within 31 days of the event, you may not be able to make any changes in your coverage until the next Annual Open Enrollment.

You must also provide proof of the Status Change Event, such as: a copy of insurance cards indicating new coverage, a letter from a previous employer indicating termination of coverage, letter from new employer confirming eligibility for coverage, or a copy of the birth certificate for the birth of a child.

Description of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

### Authorization:

I certify that the information provided is true and correct. I authorize Lafayette College to change my benefit enrollments and to adjust my payroll deduction in accordance with the changes I have requested.

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**TO ENSURE PROMPT AND ACCURATE PROCESSING OF YOUR CHANGE, PLEASE ATTACH PROOF OF THE STATUS CHANGE EVENT AND RETURN TO THE OFFICE OF HUMAN RESOURCES WITH THE COMPLETED ENROLLMENT/CHANGE FORM.**