

Change of Status Form J M Smith Corporation

In accordance with IRS guidelines and J M Smith Corporation policy, you must complete this form and submit with valid supporting documentation demonstrating the status change, to Corporate Benefits within **31 days** of the actual qualifying event date to make the necessary adjustments to your coverage levels. If you do not notify Corporate Benefits within **31 days**, you will not be able to modify your coverage levels until the next annual enrollment period.

Current Date: _____

Employee _____

Phone # _____

Event Reason (check as many as apply)

- | | | | |
|-----------------------------------|---|---|---|
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Birth | <input type="checkbox"/> Adoption/Legal Custody/Guardianship | <input type="checkbox"/> Dependent no longer eligible |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Death | <input type="checkbox"/> Dependent > 26 yrs. no longer eligible | <input type="checkbox"/> Other (explain) |
| <input type="checkbox"/> Moved | <input type="checkbox"/> Spouse lost/started employment with benefits | _____ | |

Event Date: _____

Check all that apply and provide valid supporting documentation, if applicable (see page 2)			
Change	From	To	Effective Date
<input type="checkbox"/> Name (attach copy of new Social Security card)			
<input type="checkbox"/> Address			
<input type="checkbox"/> Telephone #			
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
<input type="checkbox"/> Medical Plan <input checked="" type="radio"/> Plan A <input type="radio"/> Plan B <input type="radio"/> Plan C	<input type="checkbox"/> None <input type="checkbox"/> Self Only <input type="checkbox"/> EE & Sp <input type="checkbox"/> EE + Ch <input type="checkbox"/> Family	<input type="checkbox"/> None <input type="checkbox"/> Self Only <input type="checkbox"/> EE & Sp <input type="checkbox"/> EE + Ch <input type="checkbox"/> Family	
Changing your medical plan mid-year is not permitted			
<input type="checkbox"/> Dental	<input type="checkbox"/> None <input type="checkbox"/> Self Only <input type="checkbox"/> EE & Sp <input type="checkbox"/> EE+Ch <input type="checkbox"/> Family	<input type="checkbox"/> None <input type="checkbox"/> Self Only <input type="checkbox"/> EE & Sp <input type="checkbox"/> EE+Ch <input type="checkbox"/> Family	
<input type="checkbox"/> Flex Spending <input type="radio"/> Health Care <input type="radio"/> Dependent Care		New Enrollment for \$ _____ Change to \$ _____ <input type="checkbox"/> Remove Enrollment (thru December 31)	
<input type="checkbox"/> Vision Hardware	<input type="checkbox"/> None <input type="checkbox"/> Self Only <input type="checkbox"/> EE & Sp <input type="checkbox"/> EE+Ch <input type="checkbox"/> Family	<input type="checkbox"/> None <input type="checkbox"/> Self Only <input type="checkbox"/> EE & Sp <input type="checkbox"/> EE+Ch <input type="checkbox"/> Family	
<input type="checkbox"/> Other Benefit (specify)			

Revised Dependent Information

Name	SSN	Relationship	M/F	Date of Birth	Add	Drop
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

I hereby apply for the changes, adjustments or additions to my existing Benefit Plan elections as indicated above. This change will replace any previous application as of its date of receipt.

Employee Signature

Date

Authorized Employer Representative

Date

VALID SUPPORTING DOCUMENTATION

Mid Plan Year Event	Supporting Documentation Required
Marriage	Marriage Certificate, Spouse Eligibility form, SS card and Working Spouse Affidavit
Divorce	Divorce Decree (must include the effective date of divorce)
Birth	Birth Certificate (must provide newborn's name, date of birth and parent's name), SS card and Dependent Eligibility form
Adoption/Legal Custody/Guardianship of Child	Legal document/Court order or letter from placement agency, SS card, Dependent Eligibility Form
Death of Dependent	Death Certificate
Gain of Coverage through another Employer-Sponsored Plan	Confirmation of Benefits Statement or letter from employer or carrier(s) on letterhead listing the dependent's name, the type of coverage(s) gained and the effective date of coverage(s)
Loss of Coverage through another Employer-Sponsored Plan	Confirmation of Benefits Statement, HIPAA Certificate, COBRA letter, or letter from employer or carrier(s) on letterhead listing the dependent's name, the type of coverage(s) lost and the effective date of the terminated coverage), SS card, Spouse/Dependent Eligibility Form and Working Spouse Affidavit (if applicable)
Child(ren) Gain Legal Dependent Status	Court Document (must include the effective date of the status change), SS card, Dependent Eligibility form
Child(ren) Cease Legal Dependent Status	Court Document (must include the effective date of the status change)
Change in employee's, spouse's or dependent's entitlement (gain or loss) for Medicare or Medicaid	ID card showing effective date or date of loss or another form of documentation, SS card (if loss), Spouse/Dependent Eligibility form and Working Spouse Affidavit (if applicable)
Expiration of COBRA (spouse or child)	Letter from insurance provider indicating loss, SS card, Spouse/Dependent Eligibility Form and Working Spouse Affidavit (if applicable)
Dependent turning 26	No supporting documents required

Spouse/Dependent Eligibility Forms and Working Spouse Affidavit can be found at <http://www.jmsmithbenefits.com> or <https://jmsmith.bcenroll.net>

NOTE: Beneficiaries - Name or Change a beneficiary for Basic and Supplemental Life insurance at <https://jmsmith.bcenroll.net>. Name or change a beneficiary for Profit Sharing/401(k) at the Fidelity site, <https://PSW.fidelity.com>.

Please return this completed document and the required supporting documentation to your business unit Human Resources Department.