

## 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	
<b>Changing your medical plan mid-year is not permitted</b>			
<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)			

