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 man	ny as apply)		
 Marriage Divorce Moved 	 Birth Death Spouse lost 	 ☐ Adoption/Legal Custody/Guardianship ☐ Dependent > 26 yrs. no longer eligible st/started employment with benefits 		Dependent no longer eligible Other (explain)

Event Date: _____

Change	<mark>From</mark>	To	Effective Date
Name (attach copy of new Social Security card)			
Address			
Telephone #			
☐ Marital Status	Single Married Separated Divorced Widowed	 Single Married Separated Divorced Widowed 	
 Medical Plan Plan A Plan B Plan C 	 □ None □ Self Only □ EE & Sp □ EE + Ch □ Family 	 None Self Only EE & Sp EE + Ch Family 	
	Changing your medical plan	mid-year is not permitted	
Dental	☐ None ☐ Self Only ☐ EE & Sp ☐ EE+Ch ☐ Family	□ None □ Self Only □ EE & Sp □ EE+Ch □ Family	
 Flex Spending Health Care Dependent Care 		New Enrollment for \$ Change to \$	
		Remove Enrollment (thru December 31)	
Vision Hardware	$\square None \square Self Only \square EE & Sp \square EE+Ch$	None Self Only EE & Sp EE+Ch	
	Family	Family	

Revised Dependent Information

Name	SSN	Relatio nship	M/F	Date of Birth	Add	Drop

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 <u>https://jmsmith.bcenroll.net</u>. Name or change a beneficiary for 401(k) at the Fidelity site, <u>https://PSW.fidelity.com</u>.

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