

QUALIFYING LIFE EVENT BENEFIT CHANGE FORM

You can make changes to your benefits based on certain life events: marriage, birth of a child or legal adoption of a child, change in spouse's employment or loss of spouse's benefits coverage, change in Domestic Partner's employment or loss of benefits coverage, legal separation or divorce, or death of a spouse or qualified dependent.

In accordance with IRS guidelines and New York-Presbyterian policy, you must complete a Qualifying Life Event form and submit with documentation demonstrating the status change, to the Employee Benefits Service Center within **31 days** of the actual qualifying event date to make the necessary adjustments to your coverage levels. If you do not notify the Employee Benefit Service Center within **31 days**, you will not be able to modify your coverage levels until the next annual enrollment period.

Today's Date: _____ Work Phone: _____ Home Phone: _____

Employee Name: _____ Employee ID # _____

Event: _____ Event Date: _____

Dependent's Name: _____ Male/Female D/O/B: _____

Dependent's Social Security Number: _____ Relationship: _____

Additional Dependent's Name: _____ Male/Female D/O/B: _____

Dependent's Social Security Number: _____ Relationship: _____

Medical Plan: (Check One)

Enroll Dependent

Termination of Coverage for Self

Termination of Dependent Coverage

EPO

POS

Dental Plan: (Check One)

Enroll Dependent(s)

Termination of Coverage for Self

Termination of Dependent Coverage

Aetna DMO

Aetna PPO

Columbia Dental

Health Care Spending Account:

Enroll for \$ _____ (Annual Amount)

Change to \$ _____ (Annual Amount)

Dis-enroll

Dependent Care Spending Account:

Enroll for \$ _____ (Annual Amount)

Change to \$ _____ (Annual Amount)

Dis-enroll

Spouse Life Insurance:

Enroll (Circle one) \$5,000 \$10,000 \$20,000 \$30,000 \$40,000 \$50,000

Dis-enroll

Child Life Insurance:

Enroll (Circle one) \$2,000 \$4,000 \$6,000 \$8,000

Dis-enroll

Employee Signature: _____ Date: _____

Scan/Email to: benefitsbridge@nyp.org

Inter-office mail to: Box 38005

Fax to: 212-585-6656