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Colleague Name _____

Colleague ID # _____

You must provide all required supporting documentation within 30 days of experiencing a qualifying life event in order for your requested changes to be processed.

1. Change Benefit Election Effective _____ ***Qualifying Life Event Only***

Complete all that apply:

Benefit	Current Election	New Election	Qualifying Event
Health Insurance			
Dental Insurance			
Vision Insurance			
Supplemental Life Ins.*			
Supplemental Life - spouse*			
Supplemental Life - child			
Voluntary AD&D Ins.			
Health Care FSA			
Dependent Care FSA			

* Note: An increase in supplemental life insurance coverage may require evidence of insurability (EOI).

2. Tobacco Use Status - if you, or your dependent are newly benefit eligible and enrolling in health insurance or supplemental group term life (SGTL) insurance, or if you or your spouse have started using tobacco, indicate status below.

Colleague: Non-tobacco user
 Tobacco user

Spouse: Non-tobacco user
 Tobacco user

3. Make the following changes to my eligible dependents effective _____

Add/Delete	SSN#	Name	Sex	Relationship	Date of Birth

4. To update your marital status, name, address or phone number, log into [Colleague Self Service](#).

5. To change your Beneficiary for life and/or AD&D insurance, log into [Tri-Star Systems](#).

Colleague Signature _____

Date _____