



1299 W. Riverstone Drive • Coeur d'Alene, ID 83814  
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## Mid Year Change of Status/Election Form

<i>Employer</i>	<i>Social Security Number</i> / /	
<i>Employee's Name (Last, First MI)</i>	<i>Employee Email Address</i>	
<i>Employee Address</i>	<i>Employee Phone</i>	
<i>Employee City</i>	<i>State</i>	<i>Zip Code</i>

Does the above information reflect recent changes to your personal information?

Yes       No

In order for any modifications to be made to your current benefit elections three conditions must met:

- 1) There must be a qualifying change in status event,
- 2) The requested change in election must be consistent with the event, and
- 3) Requests must be received within 60 days of the qualifying event.

All changes must first be approved by your employer.

### Please Identify your Qualifying Event

- Birth or adoption
- Marriage
- Divorce, legal separation or annulment
- Judgment, decree or court order
- Spouse or dependent loses other coverage
- Spouse or dependent gains other coverage
- Death
- Dependent loses eligibility
- Dependent gains eligibility
- Other (Please explain below)

Explanation \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Qualifying Event \_\_\_\_\_

**Please make the following benefit changes:**

Benefit	Change	Effective Date	Current Election	New Election
	<input type="checkbox"/> Add New Benefit <input type="checkbox"/> Decrease Election <input type="checkbox"/> Increase Election			
	<input type="checkbox"/> Add New Benefit <input type="checkbox"/> Decrease Election <input type="checkbox"/> Increase Election			
	<input type="checkbox"/> Add New Benefit <input type="checkbox"/> Decrease Election <input type="checkbox"/> Increase Election			
	<input type="checkbox"/> Add New Benefit <input type="checkbox"/> Decrease Election <input type="checkbox"/> Increase Election			

**Certification**

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I certify that the qualifying event stated above has occurred on the specified dates. Further, I understand that I may be required to provide the appropriate documentation for any of the changes requested above. I attest that these modifications are made on account of and correspond with the change in status event. In addition, I am aware that the completion of this form does not finalize my election change and that my employer must approve all change requests before they can be made effective.

Employee Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**Employer Authorization**

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I have reviewed this employee request for a mid year election change and find that the requested modifications are being made on account of and correspond with the change in status event. I authorize Advanced Benefits Management to make these modifications to the employee's elections on the requested effective date.

Employer Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_