



Family Status Change Form

Employee Name:	NKU ID#	Circle One: Staff / Faculty	Office Use Only
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In compliance with IRS regulations and NKU's benefit contracts, employee may only change benefit coverage for themselves and their dependents if they have a qualified family status change (event), and the benefit coverage change is consistent with the event. Qualified family status changes include, but are not limited to, those listed below.

An employee has **30 days** from the date of the event to make changes to their, or their dependent's coverage. The effective date of a change is the date the event occurred, and retroactive payroll adjustments will be made as applicable. **If the change is not requested within 30 days of the event, any desired changes will have to wait until next year's Annual Enrollment, or until another qualified event occurs.**

To change your, or your dependent's, coverage due to a family status change, you must complete both pages of this form and submit required secondary documentation (if required) to:

Northern Kentucky University
 Human Resources: Susann Schulte
 Lucas Administrative Center 719
 Highland Heights, KY 41099
 Email: schultes7@nku.edu
 Phone: (859) 572-5203

Qualifying Event

Please select the applicable event, the date of the event, and circle the documentation you will provide:

	Event	Event Date	Type of Document - Copies only
	Marriage*		Marriage Certificate (Plus Working Spouse Verification form if covering spouse)
	Spouse/Dependent/EFM becomes benefit eligible through an employer*		Letter from Dependent's Employer/ Dependent's new Insurance Card (Plus Working Spouse Verification form if covering spouse)
	Spouse/Dependent/EFM loses benefit eligibility through an employer*		Letter from Dependent's Employer (Plus Working Spouse Verification form if covering spouse)
	Birth/Adoption of Child		Birth Certificate/Adoption Paperwork/ Adoption Decree
	Divorce/Legal Separation		Final Court Decree/Legal Separation Documentation (1st page only)
	Death of Spouse/Dependent		Death Certificate
	Medicare Enrollment for you or your spouse		Medicare ID card
	Other (specify):		

****If spouse is to be covered by NKU health insurance, the Working Spouse Verification Form is required***

Section I

To add/drop yourself or a qualified dependent to/from coverage, please complete Section I for all changes. Dependent children (**CH**) can be covered by your medical, dental, vision, and dependent life insurance until the end of the month in which they turn 26. If you choose to cover your spouse (**SP**) you must fill out and return the Working Spouse Verification form; if your spouse is offered insurance through their employer, you are required to pay an additional \$35 per month surcharge. If your spouse is also a benefit eligible employee at NKU (**SP NKU**), you may be eligible for reduced benefit pricing. If you wish to cover an Extended Family Member (**EFM**) additional documentation will be required. If the change impacts you directly, please include your (**NKU EE**) information in this section.

Name	Date of Birth	SSN	Gender	Type - circle one
				NKU EE / CH / SP / EFM / SP NKU
				NKU EE / CH / SP / EFM / SP NKU
				NKU EE / CH / SP / EFM / SP NKU
				NKU EE / CH / SP / EFM / SP NKU
				NKU EE / CH / SP / EFM / SP NKU
				NKU EE / CH / SP / EFM / SP NKU

Section II

Please record the name of the individual you are changing and circle either Add or Drop to make your selections.

Name	Medical			Dental			Vision	
	HMO	POS	HDHP 2500	Prevent.	Basic	Buy Up	Basic	Buy Up
	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop
	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop
	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop
	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop
	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop
	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop

Name	Spouse Life Insurance			Child Life Insurance		Accident Insurance	Critical Illness Ins.	
	\$10,000	\$25,000	\$50,000	\$5,000	\$10,000		\$15,000	\$30,000
	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop
	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop
	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop
	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop
	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop	Add/Drop

Savings Accounts	Start/Stop contributions	New Monthly \$ Amount	New Annual \$ Amount
FSA - Day Care	Start/Stop		
FSA - Health Care	Start/Stop		
FSA - Health Care Limited	Start/Stop		
HSA (if in HDHP medical)	Start/Stop		

By signing below, you are authorizing NKU to deduct contributions due from your paycheck until further notice, and are acknowledging that any misrepresentation or misstatement of a material fact shall terminate your eligibility and that of your eligible dependents.

Employee Signature:	Employee Name:	Date: