



Qualifying Event Notification Form

No changes to your health insurance elections may be made during the plan year (January 1 through December 31) unless a qualified family or employment status change occurs (see attached page for a list of qualifying events as defined by the Internal Revenue Service). In all cases, the change in coverage must be consistent with the change in the employee's family or employment status. If you have a qualifying change in status, you have 31 days from the event to make changes to your elections by emailing ferris@townofriverheadny.gov, or calling the Personnel Department at 631-727-3200, ext. 603. Completion of this form will be required.

List the change(s) you are requesting to your existing benefits, including names, dates of birth, and socials of dependents being added or deleted to your plan. Then, check the box (es) on the chart below that apply to your situation. You will be required to provide the documentation listed or other documentation requested by the Personnel Department.

CHECK	QUALIFYING EVENT	DOCUMENTATION REQUIRED
<input type="checkbox"/>	Marital status change	Copy of marriage certificate, last page of annulment, separation, or divorce decree
<input type="checkbox"/>	Birth of a child	Copy of certificate from hospital stating parents' name, hospital and date of birth, or birth certificate
<input type="checkbox"/>	Adoption/Legal guardianship	Copy of document showing adoption/legal guardianship
<input type="checkbox"/>	Loss of coverage	Copy of certificate of coverage showing the date coverage ended
<input type="checkbox"/>	Acquiring new coverage	Proof of coverage showing effective date
<input type="checkbox"/>	Court-ordered child support	Copy of the court order with date and court signature
<input type="checkbox"/>	Other	Call the Personnel Department at 631-727-3200.

By signing this request, I am asserting that the action requested relates to a qualifying event. Further, I understand that it is my responsibility to report any changes in eligibility of my dependents. The falsification of information within this form or of supporting documentation is a violation of Town policy, and may be subject to disciplinary action.

Date of Qualifying Event

Effective Date of Change in Coverage

Name (printed)

Date

Email

Phone

Signature

Qualifying Events (per IRS code, Section 125)

- Change in legal marital status, including marriage, widowhood, divorce, legal separation or annulment
- Increase or decrease in the number of dependents, including placement of a child for adoption
- Change in employment status, including a change in the individual's eligibility for an employee benefit plan and reduction/increase in hours
- Change in spouse's employment status
- Change in dependent status under plan's terms
- Change in the place of residence, including a residence change that affects the accessibility of network providers
- Change in coverage availability elsewhere
- Retirement
- Paid or unpaid leave of absence
- Return from any type of leave of absence or layoff