

Effective Date	Employee #
Processed By	Process Date

Supplement to Benefits Enrollment Form for election changes being made due to a qualifying life event

General Provisions

This form must be completed in addition to the "Enrollment Form" if you wish to make changes to your benefit elections during the plan year. On the enrollment form, please complete only the sections that pertain to the changes you are requesting. Return this completed Change in Status Form, the Enrollment Form, and supporting documentation to the Benefits Department. ***Forms are only accepted via fax, mail or in-person drop off. Forms are NOT accepted via e-mail because of the University's security policy on the transmission of personal information.***

A request to change your benefit selections can only be made within 60 days of the qualified life event (ex. If you were married on September 15th, you have 60 days from September 15th to request changes to your benefits).

- For an event date the first day of a month, the coverage becomes effective the first of that same month.
- For an event date effective after the first day of a month, the coverage becomes effective the first of the following month.

The Request of Change in Status Form and Enrollment Form must be accompanied by copies of documentation such as a Marriage Certificate, Divorce Decree, Statement of Termination of Domestic Partnership or Birth Certificate and proof of the qualified life event, if applicable. Additional information is available at <http://www.hr.pitt.edu/benefits/qualified>

The Benefits Department will confirm approval or denial after review of the event with respect to IRS regulations. Your benefit elections will remain in force for the entire plan year unless you experience a qualified change in status that permits another selection.

Reason(s) for Requesting Change in Benefit Selections

I am requesting a change in benefit elections for the Plan Year 2017-2018 (please explain your reason for the request below). The date of the event that prompts me to make this request is (mm/dd/yyyy).

Employee Data and Certification

In order to make a change(s) in elections under the benefits program, I recognize that I must certify a qualified change in status. I understand that the proper administration and continued availability of the plan is dependent upon the accuracy of my statements. I certify that the information, events, and dates indicated above are accurate and truthful.

Name (First, Last, M.I.)

Social Security Number

Signature

Date