



# QUALIFYING EVENT FORM BENEFIT ELECT CHANGES

Staff Member Name:	Employee #:	E-mail:
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Qualifying Event Options			
<input type="checkbox"/> *Marriage	<input type="checkbox"/> Newborn/Adoption	<input type="checkbox"/> Divorce	<input type="checkbox"/> Loss of Childs Eligibility
<input type="checkbox"/> Employee loses Eligibility or gains other coverage	<input type="checkbox"/> *Spouse loses employment or insurance coverage	<input type="checkbox"/> Spouse becomes eligible for another plan	Effective Date: (HR Use only)
<input type="checkbox"/> Other			

<b>Name:</b>		<input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b>	<b>SSN#:</b>
<input type="checkbox"/> Add	<input type="checkbox"/> Staff Member	<input type="checkbox"/> Tobacco User	<input type="checkbox"/> Health Plan	<input type="checkbox"/> Child Life
<input type="checkbox"/> Delete	<input type="checkbox"/> *Spouse	<input type="checkbox"/> Tobacco User	<input type="checkbox"/> Dental	<input type="checkbox"/> Spousal Life
	<input type="checkbox"/> Child		<input type="checkbox"/> Vision	<input type="checkbox"/> 10,000 <input type="checkbox"/> 20,000
			<input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000	<input type="checkbox"/> 30,000 <input type="checkbox"/> 40,000 <input type="checkbox"/> 50,000

<b>Name:</b>		<input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b>	<b>SSN#:</b>
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			<input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000	<input type="checkbox"/> 30,000 <input type="checkbox"/> 40,000 <input type="checkbox"/> 50,000

I understand the Employee Benefits department must receive this change form and proof of the qualifying event within 31 days of the event in order for this action to take effect. In addition, if I am dropping coverage for a dependent after a divorce or a child ceasing to be a "dependent child" under the Plan, the Employee Benefits department must receive this change form within 60 days of the event in order to have the option to elect COBRA coverage.

I understand that if I am adding dependent coverage, proof of dependent eligibility (i.e. Marriage license, birth certificate) is required for adding a dependent to the health plan. Dependent coverage will not become effective until proof of dependent eligibility is received, and if applicable, past premiums due will be collected on your next paycheck.

**\*VERY IMPORTANT:** If you are covering your spouse on the health plan, please be sure to indicate if they are a tobacco user or not. If you check the box, then an additional \$50 surcharge will be deducted every pay period. If your spouse is not a tobacco user, and you want to avoid the tobacco surcharge, your spouse must make an appointment through Scottsdale Healthcare's Corporate Health department for a Cotinine (nicotine) test **within 31 days** of your spouse's effective date of coverage. If your spouse chooses not to go for the test, or does not go within 31 days of his/her effective date, or has a positive result from the testing, then an additional \$50 surcharge will be deducted every pay period. Once the \$50 surcharge is applied, it will continue to be deducted (as long as your spouse remains covered on the health plan) for the remainder of the calendar year, with the ability to re-test during annual open enrollment.

Testing is by appointment only. Your spouse can choose which location is most convenient for them. All three locations are open Monday to Friday from 7:30 am to 5:00 pm.

**Osborn Campus**  
3501 N. Scottsdale Rd., Ste. 231  
Scottsdale, AZ 85251  
480-882-4770

**Shea Campus**  
10200 N. 92<sup>nd</sup> St., Ste. 102  
Scottsdale, AZ 85258  
480-323-3818

**Thompson Peak Campus (opens April 2014)**  
20401 N. 73<sup>rd</sup> St., Ste 255  
Scottsdale, AZ 85255  
480-323-1880

I understand that to be eligible for Child Life or Spousal Life I need to be enrolled in Voluntary Life for myself. If I am not enrolled at this time and I want Child or Spousal Life I will need to contact the Employee Benefits Department to obtain a Life Insurance Application.

Staff Member Signature

Date

**Return this form to:**

Scottsdale Healthcare Employee Benefits  
8125 N Hayden Rd, Scottsdale, AZ 85258  
Fax: 480-882-5802; Email: [employeebenefits@shc.org](mailto:employeebenefits@shc.org)

**HR USE ONLY:**

COBRA \_\_\_\_\_  
Marital Status Chg \_\_\_\_\_  
Beneficiary Form \_\_\_\_\_  
Date/Initials \_\_\_\_\_