

Staff member name:		Employee #:	Email:
Qualifying Event Options Effective date:			
<input type="checkbox"/> *Marriage	<input type="checkbox"/> Newborn or adoption	<input type="checkbox"/> Divorce	<input type="checkbox"/> Loss of child's eligibility
<input type="checkbox"/> Employee loses eligibility or gains other coverage	<input type="checkbox"/> *Spouse/DP loses job or insurance coverage	<input type="checkbox"/> Spouse/DP becomes eligible for another plan	<input type="checkbox"/> Other
*Note: DP=Domestic partner			

Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth:	Social security number#:
<input type="checkbox"/> Add <input type="checkbox"/> Delete	<input type="checkbox"/> Staff member <input type="checkbox"/> *Spouse/DP <input type="checkbox"/> Child	<input type="checkbox"/> Tobacco user <input type="checkbox"/> Tobacco user	<input type="checkbox"/> Health plan <input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> Child life <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Spouse or DP life insurance <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000

Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth:	Social security number#:
<input type="checkbox"/> Add <input type="checkbox"/> Delete	<input type="checkbox"/> Staff member <input type="checkbox"/> *Spouse/DP <input type="checkbox"/> Child	<input type="checkbox"/> Tobacco user <input type="checkbox"/> Tobacco user	<input type="checkbox"/> Health plan <input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> Child life <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Spouse or DP life insurance <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000

Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth:	Social security number#:
<input type="checkbox"/> Add <input type="checkbox"/> Delete	<input type="checkbox"/> Staff member <input type="checkbox"/> *Spouse/DP <input type="checkbox"/> Child	<input type="checkbox"/> Tobacco user <input type="checkbox"/> Tobacco user	<input type="checkbox"/> Health plan <input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> Child life <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Spouse or DP life insurance <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000

Flexible Spending Account:	Healthcare flex <input type="checkbox"/> Yes \$ per pay period <input type="checkbox"/> No
	Daycare flex <input type="checkbox"/> Yes \$ per pay period <input type="checkbox"/> No

I understand the Employee Benefits Department must receive this change form and proof of the qualifying event within 30 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 health 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, DP form) is required to add 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 or DP on the health plan, please be sure to indicate if he or she is a tobacco user or not. If you check the box, then an additional \$50 surcharge will be deducted every pay period. If your spouse or DP is not a tobacco user, and you want to avoid the tobacco surcharge, your spouse or DP must make an appointment through the HonorHealth Health Corporate Health Department for a Cotinine (nicotine) test **within 30 days** of your spouse's or DP's effective date of coverage. If your spouse or DP chooses not to go for the test, or does not go within 31 days of his or 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 or DP 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. All locations are open Monday to Friday, 7:30 a.m. to 5 p.m.
Your spouse can choose which location is most convenient.

Deer Valley

19841 N. 27th Ave.,
Suite 200
Phoenix, AZ 85027
623-879-5499

Osborn

3501 N. Scottsdale Road,
Suite 231
Scottsdale, AZ 85251
480-882-4770

Shea

10200 N. 92nd St.,
Suite 102
Scottsdale, AZ 85258
480-323-3818

Thompson Peak

20401 N. 73rd St.,
Suite 255
Scottsdale, AZ 85255
480-323-1880

I understand that to be eligible for child or spouse life Insurance, I must be enrolled in voluntary life insurance. If I am not enrolled at this time and I want to become enrolled, I must contact the Employee Benefits Department to obtain a life insurance application.

Staff member signature

Phone number

Date

RETURN THIS FORM TO:

HonorHealth Employee Benefits Department
8125 N. Hayden Road, Scottsdale, AZ 85258
Fax: 480-882-5802 or email: employee.benefits@honorhealth.com

HR USE ONLY:

COBRA _____
Marital Status Change _____
Date/Initials _____