

Qualifying Event Notification Form

No changes of any type may be made during the plan year (October 1 through September 30) to your elections, unless a qualified family or employment status change occurs (see next 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 person's family or employment status. If you do have a qualifying change in status, **you must notify TeamHealth Benefits within 30 days of the event.** Completion of this form will be required. You may contact TeamHealth Benefits at 877-516-7492 with any questions.

List the change(s) you are requesting to your existing benefits, including names, dates of birth, and socials of dependents being added 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 Benefits Department.

Check	Qualifying Event	REQUIRED:
	Marital status change	Copy of marriage certificate, last page of annulment, separation, or divorce decree
	Birth of a child	Copy of certificate from hospital stating mother's name, hospital, and date of birth, or birth certificate
	Adoption/Legal guardianship	Copy of document showing adoption/legal guardianship
	Loss of coverage	Copy of certificate of coverage showing the date coverage ended
	Acquiring new coverage	Proof of coverage showing effective date
	Court-ordered child support	Copy of the court order with date and court signature
	Other	Call the Benefits Department at 877.516.7492

Add/Remove (please indicate)	Name, SSN, date of birth	MED	DENTAL	VISION

OTHER (Flex spending amount etc.) _____

By sending 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 company policy, which is subject to disciplinary action up to and including termination of employment.

Date of Qualifying Event

Effective Date of Change in Coverage Requested

Name (printed)

Date

Email

Phone

Signature

Employee Number

Fax this form and required documentation to 888.422.0106 or email to benefits@teamhealth.com

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

Definition of Dependent

The definition of dependent is subject to the following conditions and limitations:

The Participant's legal spouse of the opposite sex or an unmarried dependent child of the Participants or the Participant's spouse. The term child includes any of the following:

- A natural child
- A stepchild
- A legally adopted child
- A child placed for adoption
- A child for whom legal guardianship has been awarded to the Participant or the Participant's spouse.

The Affordable Care Act requires plans and issuers that offer coverage to children on their parents' plan to make the coverage available until the adult child reaches the age of 26. The issued regulations state that young adults are eligible for this coverage regardless of any, or a combination of any, of the following factors: financial dependency, residency with parent, student status, employment and marital status.