

The University of Texas System Office of Employee Benefits

Change of Status Form for Benefit Elections

Elections MUST BE RECEIVED by your Campus Benefits Office WITHIN 31 DAYS of the Qualifying Change in Status Event, as outlined in SECTION 125 of the Internal Revenue Code. Any change(s) in coverage must be consistent with the Qualifying Change in Status Event. Evidence of Insurability may be required for some requested coverages.

Personal Information: Please print clearly

Name: _____ Contact Phone Number: _____ Employee ID/Benefits ID/or SSN: _____

Change in Status Event: Please check the box indicating your Qualifying Change of Status Event. Effective Date of Change: _____
 Documentation must be attached and may be required for "other" qualifying events.

Marital Change: Marriage Divorce Declaration of Informal Marriage

Dependent Change: Re-qualification of a Dependent Dis-qualification of a Dependent Birth/Adoption/Legal Guardianship Qualified Medical Child Support Order

Other Changes: Involuntary Loss of Another Group Coverage Gain of Spouse Employment Loss of Spouse Employment Death of Covered Member/Dependent

Medical Coverage: UT SELECT Waive **Coverage Level:** Emp. Only Emp. + Spouse Emp.+ Child(ren) Emp. + Family

Dental Coverage: UT Dental SELECT Assurant Dental Waive **Coverage Level:** Emp. Only Emp. + Spouse Emp.+ Child(ren) Emp. + Family

Vision Coverage: Superior Vision Waive **Coverage Level:** Emp. Only Emp. + Spouse Emp.+ Child(ren) Emp. + Family

Employee/Dependent Whom Change in Status Relates: Attach additional sheet if more than 4 Dependents

Full Name: (Last, First MI.)	Date of Birth	Relationship	Gender (M/F)	Benefits ID or Social Security Number	Medical	Dental	Vision

Disability Coverage: Evidence of Insurability (EOI) is required to add Add STD Drop STD Add LTD Drop LTD No STD No LTD

Employee Group Term Life Coverage: Evidence of Insurability (EOI) is required if adding or increasing coverage.

Current Employee Coverage Level: 1x 2x 3x 4x 5x or 6x Annual Salary

Future Coverage Level Following Change in Status: 1x 2x 3x 4x 5x or 6x Annual Salary

Dependent Group Term Life Coverage: Evidence of Insurability for Spouse is required if increasing coverage.

Spouse Waive \$10,000 \$25,000 \$50,000 (Employee must have Voluntary GTL of at Least 1x Annual Salary and \$10,000 Dependent coverage to elect \$25,000 or \$50,000 Spouse Coverage)

Child(ren) Waive \$10,000 per Dependent Child

Accidental Death and Dismemberment (AD&D) Coverage:

Employee Waive Maximum Amount of 10x annual salary, not to exceed \$1,000,000 **OR** _____ Fixed Amount (\$10,000 increments up to 10x annual salary or \$1,000,000, whichever is less)

Spouse Waive Maximum Amount, up to 1/2 of Employee Amount **OR** _____ Fixed Amount (up to 1/2 of Employee amount or \$500,000, whichever is less)

Child(ren) Waive \$10,000 per Dependent Child

UT FLEX Medical Expense Reimbursement Account and/or UT FLEX Day-care Reimbursement Account: Indicate below the amount to be deducted monthly from your paycheck for the Medical Expense Reimbursement Account and/or the Daycare Reimbursement Account; Day-care Reimbursement Account election can be up to \$416.00 per month, if married filed jointly or \$208.00, if filing separate tax returns.

Medical Expense Reimbursement Account (MERA) \$ _____ per month or Waive MERA Day-care Expense Reimbursement Account (DRA) \$ _____ per month or Waive DRA

PRIVACY NOTICE: With a few exceptions, you are entitled to be informed about the information your University of Texas System institution collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Teas Privacy Notice: With a few exceptions, you are entitled to be informed about the information your University of Texas System (UTS) institution collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Teas Government Code you are entitled to have The UTS institution correct information that is held by us and that is incorrect, in accordance with the procedures set forth in the UTS Business Procedures Memorandum 32. The information that UTS institution collects will be retained and maintained as required by Texas records retention laws (section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

Notice about Social Security Numbers: Federal law requires The University of Texas System (System) to report income and SSN's for all employees to whom compensation is paid. Employee SSNs are maintained and used by System for payroll and benefits purposes and are reported to Federal and State agencies on forms required by law for benefits purposes. Further disclosure of the employee's social security number will be governed by the Public Information Act (Chapter 552 of the Texas Government Code).

Employee Signature: _____ Print Name: _____ Date Signed: _____ / _____ / _____