DENSO Crafting the Core

Family Status Change Form – For Use 10.23.23 - 12.31.23

(must be turned in to your local HRBP within 30 days of the event)

D STREET

Associate Name: _____ Associate #: _____ Event Date: _____

Email Address: _____ Daytime Phone #: _____

1. What event did you have?

☐	Marriage	☐	Legal Custody/Guardianship
☐	Divorce (divorce decree required)	☐	Death
☐	Birth/Adoption[1]	☐	Child gained/lost coverage through other parent
☐	Start/end Military Leave[2]	☐	Full-time to part-time/part-time to full-time
☐	Gain/loss of Medicare/Medicaid	☐	Spouse/child gained/lost coverage through employer
☐	Spouse/child's employer has open enrollment for coverage not effective Jan. 1st		
☐	Healthcare.gov open enrollment		
☐	Other gain/loss of coverage (explain):		

[1] Call HR with Social Security Number (SSN) once it is received.
[2] See HR for Military Leave Notice.

> If person is another DENSO associate list their name & associate#:
>
> _____ _____
> Name   Assoc.#

2. What spouse/child(ren) do you want to add or delete for 2023 and 2024?

Add or Delete?	Check All that Apply	Change for Which Year?	Name	Relationship to You	DENSO Associate?	Gender	Date of Birth	SSN (if not on file)
☐ Add ☐ Delete	☐ Medical ☐ Dental ☐ Vision ☐ Spouse Life ☐ Child Life	☐ 2023 ☐ 2024 ☐ Both			☐ Yes ☐ No	☐ M ☐ F		
☐ Add ☐ Delete	☐ Medical ☐ Dental ☐ Vision ☐ Spouse Life ☐ Child Life	☐ 2023 ☐ 2024 ☐ Both			☐ Yes ☐ No	☐ M ☐ F		
☐ Add ☐ Delete	☐ Medical ☐ Dental ☐ Vision ☐ Spouse Life ☐ Child Life	☐ 2023 ☐ 2024 ☐ Both			☐ Yes ☐ No	☐ M ☐ F		
☐ Add ☐ Delete	☐ Medical ☐ Dental ☐ Vision ☐ Spouse Life ☐ Child Life	☐ 2023 ☐ 2024 ☐ Both			☐ Yes ☐ No	☐ M ☐ F		

3. 2023 Benefit Elections (select the appropriate tier for any eligible dependents you are adding)

If you want to keep the same plans for 2023, check this box ➔ ☐ (see Section 5 for FSA)

Benefit	Coverage Level			
Medical & Prescription	**ExpressWay** ☐ Associate Only ☐ Associate + 1 ☐ Associate & Family	**MainStreet** ☐ Associate Only ☐ Associate + 1 ☐ Associate & Family	**OpenRoad**[3] ☐ Associate Only ☐ Associate + 1 ☐ Associate & Family	☐ **Opt Out**
Dental	**Dental Core** ☐ Associate Only ☐ Associate + 1 ☐ Associate & Family	**Dental Plus** ☐ Associate Only ☐ Associate + 1 ☐ Associate & Family		☐ **Opt Out**
Vision	☐ Associate Only ☐ Associate + 1 ☐ Associate & Family			☐ **Opt Out**

Optional Life [4]	☐ None	☐ 1x salary	☐ 2x salary	☐ 3x salary	☐ 4x salary	☐ 5x salary	
Spouse Life [5]	☐ None	☐ $25,000	☐ $50,000	☐ $75,000	☐ $100,000	☐ $125,000	☐ $150,000
	☐ $175,000	☐ $200,000	☐ $225,000	☐ $250,000	☐ $275,000	☐ $300,000	
Child Life [6]	☐ None	☐ $10,000					

The below voluntary benefits can be dropped or reduced due to mid-year changes. You can only add these plans in 2023 during Open Enrollment. *Please check the box next to your new coverage level.*			
Accident Insurance	☐ None	☐ Associate Only	☐ Associate + Spouse ☐ Associate + Children
Critical Illness	☐ None	☐ Associate / Associate + Children	
Identity Theft	☐ None	☐ Associate / Associate + Children	
Hospital Indemnity	☐ None	☐ Associate Only	☐ Associate + Spouse ☐ Associate + Children

Rev. 10/16/2023

4. **2024 Benefit Elections** (select the appropriate tier for any eligible dependents you are adding)

   If you want to carry your 2023 elections over to 2024, check this box → ☐   (see Sections 5 & 6 for FSA and PTO Cash Out)

Benefit	Coverage Level			
Medical & Prescription	**ExpressWay** ☐ Associate Only ☐ Associate + Spouse ☐ Associate + Child(ren) ☐ Associate & Family	**MainStreet** ☐ Associate Only ☐ Associate + Spouse ☐ Associate + Child(ren) ☐ Associate & Family	**OpenRoad** [3] ☐ Associate Only ☐ Associate + Spouse ☐ Associate + Child(ren) ☐ Associate & Family	☐ **Opt Out**
Dental	**Dental Core** ☐ Associate Only ☐ Associate + 1 ☐ Associate & Family	**Dental Plus** ☐ Associate Only ☐ Associate + 1 ☐ Associate & Family		☐ **Opt Out**
Vision	☐ Associate Only ☐ Associate + 1 ☐ Associate & Family			☐ **Opt Out**
Optional Life [4]	☐ None ☐ 1x salary ☐ 2x salary ☐ 3x salary ☐ 4x salary ☐ 5x salary			
Spouse Life [5]	☐ None ☐ $25,000 ☐ $50,000 ☐ $75,000 ☐ $100,000 ☐ $125,000 ☐ $150,000 ☐ $175,000 ☐ $200,000 ☐ $225,000 ☐ $250,000 ☐ $275,000 ☐ $300,000			
Child Life [6]	☐ None ☐ $10,000			
Beginning in 2024, the below voluntary benefits can be added, dropped or reduced due to mid-year changes. *Please check the box next to your new coverage level.*				
Accident Insurance	☐ None ☐ Associate Only	☐ Associate + Spouse		☐ Associate + Children
Critical Illness	☐ None ☐ Associate / Associate + Children			
Identity Theft	☐ None ☐ Associate / Associate + Children			
Hospital Indemnity	☐ None ☐ Associate Only	☐ Associate + Spouse		☐ Associate + Children

[3] If Enrolling in OpenRoad, see Regional Benefits for more information on Health Savings Accounts.

[4] Evidence of Insurability (health questions) and limits may apply.

[5] Spouse/Child Life amount cannot exceed associate's Optional Life amount, and Evidence of Insurability may apply. Married DENSO Associates should not elect Spouse Life as the benefit will only pay once.

[6] Associates who share children: only one should elect Child Life, as the benefit will only pay once. Associates cannot cover a child on Child Life if that dependent is also a DENSO Associate.

5. **Flexible Spending Account Elections**

2023 Health Care FSA	Changes to FSA are only allowed in certain circumstances. Review and complete the **"FSA Mid-Year Change Form"** to request a change your FSA election amount.
2023 Day Care FSA	
2024 Health Care FSA	☐ **Opt Out** ☐ **Enroll** **Annual Amount $**_____
2024 Day Care FSA	☐ **Opt Out** ☐ **Enroll** **Annual Amount $**_____

6. **PTO Cash Out for 2024**

2024 PTO Cash Out	☐ **Opt Out** ☐ **Enroll** **Hours to Cash Out** _____

Please continue to next page

7. **Do you want to change your Basic Life & AD&D, Optional Life, Business Travel Accident, and Voluntary Plan beneficiaries?**

- Selecting the "Update All" checkbox will update all your beneficiaries except 401(k). If you want to have different beneficiaries for different plans, check which plans you want to update.
- You must update your 401(k) beneficiary through Empower at www.empowermyretirement.com.
- The total for all primary beneficiary percentages must equal 100% and the total for all contingent beneficiary percentages must equal 100%.
- Unless you indicate otherwise, if any beneficiary predeceases you, that beneficiary's share will be divided pro-rata among the surviving beneficiaries of the same class (primary or contingent).
- If no beneficiary (primary or contingent) survives you, payment will be made pursuant to the terms of the applicable policy.
- This beneficiary designation revokes all prior beneficiary designations for plans designated and will be effective as of the date the form is signed.
- Attach additional pages if needed.

Update Beneficiaries							
Which plan do you want to update?	**Primary or Contingent?**	**Beneficiary Name**	**Relationship**	**Gender**	**Date of Birth**	**Phone Number**	**Percentage**
☐ Update All ☐ Basic Life & AD&D ☐ Optional Life ☐ BTA ☐ Accident ☐ Critical Illness ☐ Hospital Indemnity	☐ Primary ☐ Contingent			☐ M ☐ F			
☐ Update All ☐ Basic Life & AD&D ☐ Optional Life ☐ BTA ☐ Accident ☐ Critical Illness ☐ Hospital Indemnity	☐ Primary ☐ Contingent			☐ M ☐ F			
☐ Update All ☐ Basic Life & AD&D ☐ Optional Life ☐ BTA ☐ Accident ☐ Critical Illness ☐ Hospital Indemnity	☐ Primary ☐ Contingent			☐ M ☐ F			
☐ Update All ☐ Basic Life & AD&D ☐ Optional Life ☐ BTA ☐ Accident ☐ Critical Illness ☐ Hospital Indemnity	☐ Primary ☐ Contingent			☐ M ☐ F			

Important Reminders

- You can only make mid-year changes if you have an event + loss/gain of coverage.
- The effective date of change is determined by HR/Benefits depending on the type of status change and the timeliness of your notice.
- **Do not wait for a newborn's social security number to report a birth**; doing so may risk your ability to add the child if it takes longer than 30 days for you to receive it.
- All benefit election changes must be consistent with the status change.
- HR/Benefits reserves the right to request additional documentation as needed.

I certify that the family status change indicated above is true and the date is accurate. I understand that providing inaccurate or misleading information in order to make a mid-year plan change constitutes fraud. I also understand that submission of this form does not guarantee coverage for the dependents I requested and that HR/Benefits will review my documentation to ensure plan compliance and timely submission prior to approving the change.

Associate Name: _____ Date: _____

➡ **IMPORTANT REMINDERS**

❶ **Provide Documentation:** to add dependents, we'll need a marriage or birth certificate.

❷ **Provide Social Security Numbers:** federal law requires a SSN on file for each person covered.

❸ **Update 401(k) Beneficiaries:** at empowermyretirement.com