

## Family Status Change Form

(must be turned in to HR/Benefits within 30 days of the event)



Associate Name: \_\_\_\_\_ Assoc # \_\_\_\_\_ Event Date \_\_\_\_\_

Email Address: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

**1. What event did you have?**

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

Check here if person is another DENSO associate and list his/her name & associate#:

\_\_\_\_\_  
Name Assoc.#

<sup>1</sup> Call HR/Benefits with Social Security Number (SSN) once it is received.

<sup>2</sup> See HR/Benefits for Military Leave Notice.

**2. What spouse/child(ren) do you want to add or delete?**

Add or Delete?	Check All that Apply	Name	Relationship to You	DENSO Associate?	Gender	Date of Birth	SSN (if not on file)
<input type="checkbox"/> Add <input type="checkbox"/> Delete	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F		
<input type="checkbox"/> Add <input type="checkbox"/> Delete	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F		
<input type="checkbox"/> Add <input type="checkbox"/> Delete	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F		
<input type="checkbox"/> Add <input type="checkbox"/> Delete	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F		

**3. If you're adding a spouse/child(ren), you can indicate a change in plans below. If you want to keep the same plans, check this box →**

Note: If you are eligible for Preferred Premiums for the calendar year in which this family status change event occurred, you will continue to be eligible for Preferred Premiums even if you change medical plans.

Benefit	Coverage Level							
<b>Medical &amp; Prescription</b>	<input type="checkbox"/> ExpressWay <input type="checkbox"/> Associate Only <input type="checkbox"/> Associate + 1 <input type="checkbox"/> Associate & Family		<input type="checkbox"/> MainStreet <input type="checkbox"/> Associate Only <input type="checkbox"/> Associate + 1 <input type="checkbox"/> Associate & Family		<input type="checkbox"/> OpenRoad <sup>3</sup> <input type="checkbox"/> Associate Only <input type="checkbox"/> Associate + 1 <input type="checkbox"/> Associate & Family		<input type="checkbox"/> Opt Out	
	<b>Dental</b>	<b>Dental Core</b> <input type="checkbox"/> Associate Only <input type="checkbox"/> Associate + 1 <input type="checkbox"/> Associate & Family		<b>Dental Plus</b> <input type="checkbox"/> Associate Only <input type="checkbox"/> Associate + 1 <input type="checkbox"/> Associate & Family				<input type="checkbox"/> Opt Out
		<input type="checkbox"/> Associate Only <input type="checkbox"/> Associate + 1 <input type="checkbox"/> Associate & Family						<input type="checkbox"/> Opt Out
<b>Optional Life</b> <sup>4</sup>	<input type="checkbox"/> None	<input type="checkbox"/> 1x salary	<input type="checkbox"/> 2x salary	<input type="checkbox"/> 3x salary	<input type="checkbox"/> 4x salary	<input type="checkbox"/> 5x salary		
<b>Spouse Life</b> <sup>5</sup>	<input type="checkbox"/> None	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$75,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$125,000	<input type="checkbox"/> \$150,000	
	<input type="checkbox"/> \$175,000	<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$225,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$275,000	<input type="checkbox"/> \$300,000		
<b>Child Life</b> <sup>6</sup>	<input type="checkbox"/> None	<input type="checkbox"/> \$10,000						

**The following voluntary benefits can be dropped or reduced due to mid-year changes. You can only add these plans during the annual Open Enrollment. Please check the box next to your new coverage level.**

<b>Accident Insurance</b>	<input type="checkbox"/> None	<input type="checkbox"/> Associate Only	<input type="checkbox"/> Associate + Spouse	<input type="checkbox"/> Associate + Children
<b>Critical Illness</b>	<input type="checkbox"/> None	<input type="checkbox"/> Associate / Associate + Children		
<b>Identity Theft</b>	<input type="checkbox"/> None	<input type="checkbox"/> Associate / Associate + Children		
<b>Hospital Indemnity</b>	<input type="checkbox"/> None	<input type="checkbox"/> Associate Only	<input type="checkbox"/> Associate + Spouse	<input type="checkbox"/> Associate + Children

<sup>3</sup> You must also set up your Health Savings Account through OptumBank within 4 months of becoming eligible; see Benefits for more information.

<sup>4</sup> Evidence of Insurability (health questions) and limits may apply.

<sup>5</sup> 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.

<sup>6</sup> Associates who share children: only one should elect Child Life, as the benefit will only pay once.

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<b>Health Care FSA</b>	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.
<b>Day Care FSA</b>	

For more detailed information and rates, refer to the Benefits Guide or [DStreetBenefits.com](http://DStreetBenefits.com)

**4. Do you want to change your Basic Life & AD&D, Optional Life, and Business Travel Accident beneficiaries? If so, update below:**

### Primary Beneficiary(ies)

Full Name & Address (please print)	Percentage (all rows must total 100%)	Relationship	Gender	Date of Birth	Phone	SSN (if not on file)

If no percentages are indicated, benefits will be divided equally between all primary beneficiaries.

### Contingent Beneficiary(ies)

(applicable only if you are not survived by one or more primary beneficiaries)

Full Name & Address (please print)	Percentage (all rows must total 100%)	Relationship	Gender	Date of Birth	Phone	SSN (if not on file)

If no percentages are indicated, any benefits payable to contingent beneficiaries will be divided equally between all contingent beneficiaries.

**Notes about Beneficiaries:**

- **This beneficiary designation revokes all revocable prior beneficiary designations for Basic & AD&D, Optional Life, and BTA.**
- 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.

**IMPORTANT!!! 401(k) Beneficiary Form must be updated after divorce.**

If you are now divorced and previously had your spouse listed as beneficiary on your 401(k) account, you must update your beneficiary even if you intend to keep your ex-spouse as the beneficiary.

- Spouses will no longer be recognized as beneficiary after divorce unless date of designation is post-divorce.
- To make a change to your 401(k) beneficiary, please contact Empower at 1-888-411-4015 or [empowermyretirement.com/](http://empowermyretirement.com/).

**Important Things to Remember:**

- You can only make mid-year changes if you have an event + loss/gain of coverage.
- The effective date of your 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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

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

**3 Update 401(k) Beneficiaries:**  
this form does not change them (see dashed box above).

**HR Use Only:**

Eff. Date \_\_\_\_\_

SBC/SPD Provided (if necessary) \_\_\_\_\_