

**VILLANOVA UNIVERSITY
LIFE STATUS/DEPENDENT CHANGE/BENEFIT
COVERAGE CHANGE FORM**

Name (Please print)

Department

Extension

This form, in conjunction with a completed Villanova University Benefits Program Enrollment/Change Form, is used to notify the Human Resources Department of Life Status Changes as described below. Be sure to check the "Life Status Change" box on the University Enrollment/Change Form.

Life Status Change:

This portion of the form is used to notify the Human Resources Department of one of the Life Status Changes which permits you to change a pre-tax benefit election. You can change the level of coverage under your medical/dental plans during the year only if you experience a change in your family status. The Internal Revenue Service defines a Life Status Change as:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse or child
- Change in employment status of you or your spouse resulting in loss or gain of coverage
- Change in full-time student status of your unmarried dependent child
- Judgment, decree or order
- Medicare entitlement

The Internal Revenue Service requires that your benefit change must be consistent with the Life Status Change.

If your Life Status Change is reported within **31 days** of the event, your new election will be effective the first of the month following the event. The addition of a child due to birth or adoption will be effective as of the date of birth or adoption if the Life Status Change is reported within 31 days of the birth or adoption. If you fail to report a Life Status Change within 31 days of the event, you cannot make any changes in your coverage until the next Annual Open Enrollment.

You must also provide proof of the Life Status Change such as a copy of insurance cards indicating new coverage, a letter from a previous employer indicating termination of coverage, or a copy of the birth certificate for the birth of a child.

Description of Event: _____

Date of Event: _____

Authorization:

I certify that the information provided is true and correct. I authorize the University to change my benefit enrollments and to adjust my payroll deduction in accordance with the changes I have requested. Falsification of information may lead to discipline up to and including termination of employment.

Employee Signature: _____ Date: _____

Social Security Number: _____

TO ASSURE PROMPT AND ACCURATE PROCESSING OF YOUR CHANGE, BE SURE YOU ATTACH PROOF OF THE LIFE STATUS CHANGE AND RETURN TO HUMAN RESOURCES WITH THE COMPLETED ENROLLMENT/CHANGE FORM.