

Dental Insurance Open Enrollment Change Form

This form only affects Dental Insurance
 Human Resources must receive form by November 11, 2022

EMPLOYEE INFORMATION

Employee's Name:	Last	First	Middle Initial	Social Security Number
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Marital Status:	Date of Birth (Month/Day/Year)
		Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widowed <input type="checkbox"/>
			Divorced <input type="checkbox"/>	Legally Separated <input type="checkbox"/>

PART CHANGE REQUEST - Check All Categories That Apply – Provide Information Requested By Category

1. Change coverage to: Single _____ Single +Spouse _____ Single +Child(ren) _____ Family _____ 2. Additions: Birth _____ Adoption _____ Marriage: _____ Other: _____ Effective Date: <u>1/1/2023</u> 3. Terminations: Cancel all coverage _____ Delete Dependents listed below _____ Effective Date of Change: <u>1/1/2023</u>

DEPENDENT INFORMATION – Adding or Dropping Dependents May Require a Coverage Type Change

Add	Drop	Relationship To the Employee	Last Name (if different)	First Name	M I	Gender	Date of Birth	Social Security Number
		Spouse				M F		
		Child				M F		
		Child				M F		
		Child				M F		
		Child				M F		

REFER TO ELIGIBILITY CRITERIA ON REVERSE SIDE ON FORM

EMPLOYEE SIGNATURE

By emailing this form to EmployeeBenefits@slhduluth.com, I authorize payroll deductions where applicable. Any intentional omission or misrepresentation may constitute insurance fraud which could result in possible criminal penalties, a claim for civil damages, and may also result in employment discipline up to and including termination.

NOTE: This form only affects dental insurance. If you need to make a change to health insurance, you must fill out a separate Medical Insurance Change Form.

Employee Signature:
Date:
To be completed by employer:

Effective Date of Change: 1/1/2023	Notes:
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Eligible Dependents

The following language describes eligible dependents for the St. Luke's health and dental insurance plans. If a dependent no longer meets these criteria, you must notify Human Resources by submitting a health and/or dental change form to drop coverage. You can find forms on the St. Luke's intranet or in Human Resources.

ENROLLING AN INELIGIBLE DEPENDENT OR FAILURE TO NOTIFY HUMAN RESOURCES THAT THE DEPENDENT IS NO LONGER ELIGIBLE, CONSTITUTES FRAUD AND MAY RESULT IN DISCIPLINE, UP TO AND INCLUDING TERMINATION.

Spouse

Spouse, meaning (same or opposite sex spouse):

- a. Legally married spouse;
- b. Legally separated spouse;

Dependent Children

1. Natural-born dependent children to age 26.
2. Legally adopted children and children placed with you for legal adoption to age 26. Date of placement means the assumption and retention by a person of a legal obligation for total or partial support of a child in anticipation of adoption of the child. The child's placement with a person terminates upon the termination of the legal obligation of total or partial support.
3. Stepchildren to age 26.
4. Dependent children for whom you or your spouse have been appointed legal guardian to age 26.
5. Unmarried grandchildren to age 19 who live with you continuously from birth and are claimed as exemptions on your Federal income tax return and are financially dependent upon you.
6. Children of the employee who are required to be covered by reason of a Qualified Medical Child Support Order (QMCSO), as defined in ERISA §609(a). The Plan has detailed procedures for determining whether an order qualifies as a QMCSO. You and your dependents can obtain, without charge, a copy of such procedures from the Plan Administrator.

Disabled Dependents

1. Disabled dependent children who reach the limiting age while covered under this Plan if all of the following apply:
 - a. primarily dependent upon you;
 - b. are incapable of self-sustaining employment because of physical disability, developmental disability, mental illness, or mental disorders;
 - c. for whom application for extended coverage as a disabled dependent child is made within 31 days after reaching the age limit. After this initial proof, the Claims Administrator may request proof again two (2) years later, and each year thereafter; and
 - d. must have become disabled prior to reaching limiting age.

NOTE: If both you and your spouse are employees of St. Luke's/Lake View, you may be covered as either an employee or as a dependent, but not both. Your eligible dependent children may be covered under either parent's coverage, but not both.