

Tobacco Use

Are you a tobacco user? ___ Yes ___ No

Is your covered spouse a tobacco user? ___ Yes ___ No

When Adding Coverage

Premiums are due as of the effective date of the change in coverage. If this change is received after the date requested for the change in coverage, you are authorizing South Dakota State Employee Benefits Program to take a one-time deduction for additional premium(s) (if applicable) from your paycheck. Thereafter, regular semi-monthly or monthly premium will continue to be deducted from your paycheck.

When Terminating Coverage

If requesting termination of coverage due to a qualified life event, coverage will terminate at the end of the month, except in the event of a death.

Spending Accounts

*Medical Flexible Spending Account: \$ _____ per pay period for a total of \$ _____ per fiscal year.

*Dependent Care/Day Care Spending Account: \$ _____ per pay period for a total of \$ _____ per fiscal year.

*Qualified expenses may be found as described within the Internal Revenue Code at <http://www.irs.gov/pub/irs-pdf/p502.pdf>

This is to certify I incurred a family status change(s), and wish to change my plan benefits as indicated on this form. I understand:

- the change must be consistent with HIPAA qualified changes and requested within 30 days of the event,*
- I will be required to provide documentation according to IRS guidelines for the family status change and required to maintain legal documentation of the changes in my personal records. Examples of documentation include: birth certificate, death certificate, marriage certificate, adoption papers, divorce decree, notice of legal separation, or proof of loss or gain of other coverage,*
- the South Dakota State Employee Benefits Program reserves the right to verify family status changes during the plan year. I could face disciplinary action and reduction or loss of my health benefits if I misrepresent family status changes for myself and/or my covered dependents.*

Employee Signature

Date Signed

An electronic confirmation statement notice from **noreply-cloudnotification@infor.com** will be sent to your email address on file after the Family Status Change form has been processed.