

Tobacco UseAre you a tobacco user? Yes NoIs your covered spouse a tobacco user? Yes No**When Adding Coverage**

Premiums are paid in advance of the effective date. If you elect coverage to be effective the date of the event, 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.

Health coverage should take effect ____ / ____ / ____.

Flexible benefits (dental, vision, accident insurance, and/or hospital indemnity) should take effect ____ / ____ / ____.

When Terminating Coverage

Central Payroll Employee (paid semi-monthly):

- Termination date can be the date of the event, the 15th, or end of the month in which the event occurred.

Regent Payroll Employee (paid monthly):

- Termination date can be the date of the event or the end of the month in which the event occurred.

Requested termination date ____ / ____ / ____.

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.

If adding a Medical Flexible Spending Account or Dependent Care/Day Care Spending Account, it should take effect:

____ / ____ / ____.

If terminating Medical Flexible Spending Account or Dependent Care/Day Care Spending Account, the requested termination day is: ____ / ____ / ____.

* Expenses may be found in the Summary Plan Description at <http://benefits.sd.gov/spendingaccounts.aspx> or as described under 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 the family status change event and requested within 30 days of the event,
- I may 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 change in spouse or dependent's employment,
- if necessary; the South Dakota State Employee Benefits Program may take a one time deduction from a future paycheck for the requested effective date(s), and
- 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 will be sent to your email address on file after the Family Status Change form has been processed.