

Technician: _____

**Washoe County School District
Group Benefit Programs
CHANGE FORM**

Location Site (required): _____

PLEASE PRINT IN BLUE OR BLACK INK

Last Name	First	MI	SSN	Effective Date	Employee Id# E000	Date of Birth
Address	City	State	Zip Code	Phone	Email Address	

1. **Status:** Certified ___ ESP ___ Administrator ___ Retired Certified ___ Retired ESP ___ Retired Administrator ___

2. **Change Coverage To:** Employee/Retiree Only ___ Plus Spouse ___ Plus 1 Child ___ Plus 2 Children ___ Plus Family ___

3. **Type of Change:** Deleting Dependents ___ Adding Dependents ___ Separation/Term ___ Deceased ___

Retirees Only: Delete Medical/Dental ___ Delete Vision ___ Delete Life Insurance ___

4. Reason for Deleting/Adding Dependents:

Divorce ___ Death ___ Loss of Dependent Status ___ Change in Spouse's Employment ___ Marriage ___ Birth/Adoption ___
Domestic Partnership ___ Loss of insurance ___ Other (please specify) _____

5. Dependent Information (List only those dependents you are adding to or deleting from coverage. Social security number is needed for all covered dependents.)

	Last Name	First	MI	Birthday	M/F	Dependent Social Security #	Elig Docs
Spouse							
Child							
Child							
Child							
Child							

If deleting dependent and COBRA needs to go to a different address please list it here: _____

Employee Certification:

With my signature, I hereby declare, certify and state under penalty of perjury that the information I have provided here is true and correct, that the dependents listed above are eligible under my Employer's Dependent Benefit Criteria. Further, I understand that the information supplied, herein, may be used by my Employer in order to verify my dependent(s) for purpose of coverage, to make decisions about my coverage under my Employer's employee benefit plans and as otherwise necessary in connection with managing the organization's employee benefits plans. I understand that if the information I have provided is not true and correct, my dependent benefit coverage will be terminated, and I may be subject to disciplinary action, up to and including termination.

Employee Signature _____ Date Signed _____

RISK MANAGEMENT USE ONLY:
Risk Management signature: _____