Life Event Change Form

Directions:

- Complete Sections 1, 2, 3, and 4.
- If you are changing dependent coverage, you must complete section 5.
- Sign and Date the form.
- Mail or Fax your completed form as directed on the back of this form.

Please note that if you fail to provide notification within 31 days of a qualified life event, you may not be able to enroll yourself or your dependents, or change your current elections unless there is an Open Enrollment Period.

1. Employee Checklist

Name:		Social Security Number:	Date of Birth:
Address:	City:	State:	Zip:
Daytime Phone:		Evening Phone:	

2. Life Event (please check)

☐	Address Change Only	☐	Birth or Adoption of Child
☐	Marriage	☐	Child Eligible (Foster Child / Court Order)
☐	Divorce / Legal Separation	☐	Child Now Ineligible (Child Reaching Limiting Age)
☐	Death of Dependent	☐	Loss of Other Health Coverage

3. Date of Life Event

Month:	Date:	Year:

4. New Enrollment or Changes to Current Coverage (Costs listed as payroll deduction amounts, please check)

	BasicAdvantage Total (BAT) Plans* (Choose only ONE plan)						Dental Plan			Term Life / STD Plans**		
	Plan 1			Plan 2								
		Weekly	Bi-Weekly		Weekly	Bi-Weekly		Weekly	Bi-Weekly		Weekly	Bi-Weekly
Yourself Only	☐	$25.74	$51.48	☐	$36.75	$73.50	☐	$4.45	$8.90	☐	$5.00	$10.00
Yourself and Spouse	☐	$54.31	$108.62	☐	$77.55	$155.10	N/A			N/A		
Yourself and One Child	☐	$38.61	$77.22	☐	$55.13	$110.26	N/A			N/A		
Yourself and Children	☐	$65.11	$130.22	☐	$92.99	$185.98	N/A			N/A		
Yourself and Family	☐	$86.48	$172.96	☐	$123.49	$246.98	☐	$12.75	$25.50	☐	$5.40	$10.80
None (no coverage)	☐						☐			☐		

*If you are enrolled in a BasicAdvantage Total Plan and experience a qualified life event, you may not change between BasicAdvantage Total Plans. You may only change who is covered by the BasicAdvantage Total Plan in which you are currently enrolled. You may change between BasicAdvantage Total Plans only during an Open Enrollment Period.

**STD Coverage is only available for employees (no dependent coverage) and is not available for employees who work in CA, HI, NJ, NY, RI or Puerto Rico. The weekly costs for Term Life only are: $1.50 for Yourself Only or $1.90 for Yourself and Family coverage. The bi-weekly costs for Term Life only are: $3.00 for Yourself Only or $3.80 for Yourself and Family coverage.

 @2020 MatrixOneSource

Life Event Change Form

Information on Dependent(s) to be added or deleted under the following Plan(s):

5. Dependent Information (Change my dependent(s) coverage as follows, please check)

Add	Delete	First and Last Name	Relationship (spouse/child)	Date of Birth (mm/dd/yyyy)	SSN	Gender (m/f)	BAT Plan	Dental Plan	Term Life Plan
☐	☐						☐	☐	☐
☐	☐						☐	☐	☐
☐	☐						☐	☐	☐
☐	☐						☐	☐	☐
☐	☐						☐	☐	☐
☐	☐						☐	☐	☐

I hereby declare that the information that I provided on this form is accurate and complete. I wish to participate in the benefit plan(s) that I've selected above and I authorize my employer to deduct the necessary contributions from my paycheck. I understand and agree that any Term Life Plan benefits payable upon my death will be paid in equal shares to members of the first surviving beneficiary class, as follows: spouse; children; parents; brothers and sisters; or, if none, then my estate.

Employee Signature: ____ Date: ______________

Please complete this form, sign/date, and mail or fax to:

Ally HR, Inc dba Matrix One Source

Attn: George Simonetti

9016 Philips Highway Jacksonville, FL 32256

Fax: 904-880-6369

Reserved for RSL Administrator

Date Received:

 @2020 MatrixOneSource