



# Lifestyle Change Form for Healthcare Benefits

This form must be submitted within 31 days of a Qualifying Event. If adding or deleting dependents, please attach documentation (e.g., proof of birth/adoption/marriage or divorce papers, proof of other insurance, etc.).

Add Dependent(s)		Remove Dependent(s)		Change in Coverage	
<input type="checkbox"/> Marriage ( <i>opposite and same sex marriage recognized</i> ) <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Other (please explain) <i>Please call with the child's SSN when it arrives.</i>		<input type="checkbox"/> Child over age 26 <input type="checkbox"/> Dependent obtained other health insurance <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Other (please explain)		<input type="checkbox"/> Eligible for Medicare** <input type="checkbox"/> Loss of other coverage <input type="checkbox"/> Other (please explain)	
Date of Event:		Date of Event:		Date of Event:	
Your Name		Primary Care Physician Code*		SSN	
Your Address				Work Location	
Date of Birth		Home Phone #		Work Phone #	

**Dependents Being Added or Removed** (*For more dependents, please complete an additional Lifestyle Change Form*)

Spouse	SSN	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Primary Care Physician Code*
Spouse (same sex)	SSN	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Primary Care Physician Code*
Child	SSN	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Primary Care Physician Code*
Child	SSN	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Primary Care Physician Code*

Please note that with a lifestyle change, only a change in coverage level of insurance is allowed. You may only change insurance plans at Open Enrollment.

**Change Level of Coverage To:**

MEDICAL ( <i>HMO choices require PCP Code</i> )		DENTAL ( <i>UCCI choice requires PCP Code</i> )		VISION	
<input type="checkbox"/> Blue Choice (HMO)	<input type="checkbox"/> Individual	<input type="checkbox"/> PPO	<input type="checkbox"/> Individual	<input type="checkbox"/> Individual	
<input type="checkbox"/> CareFirst PPN (grandfathered employees only)	<input type="checkbox"/> Parent/Child	<input type="checkbox"/> Traditional	<input type="checkbox"/> Parent/Child	<input type="checkbox"/> Parent/Child	
<input type="checkbox"/> CareFirst Triple Option (HMO)	<input type="checkbox"/> Employee/Spouse	<input type="checkbox"/> UCCI (HMO)	<input type="checkbox"/> Employee/Spouse	<input type="checkbox"/> Employee/Spouse	
	<input type="checkbox"/> Family	Primary Care Dentist Code:	<input type="checkbox"/> Family	<input type="checkbox"/> Family	

\* PCP Codes must be provided for employees and dependents if enrolling in an HMO (BlueChoice, Triple Option, or UCCI). Failure to provide these codes may result in delays in coverage.

**With a Qualifying Lifestyle Change, you may enroll, increase or decrease FSA or Voluntary Life Insurance Benefits.**

<b>Flexible Spending Account (FSA) – new election</b> Healthcare: \$ _____ Dependent Care: \$ _____ (Total \$ election through end of this calendar year.)	<b>Voluntary Life Insurance</b> If you wish to purchase or increase an existing policy, please submit a Voluntary Term Life Insurance Application, Evidence of Insurability, and a new Self-Administered Beneficiary Designation Form, also available on the AACPS website.
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**If newly eligible for Medicare\*\***

Name	Medicare Number	Medicare Part A Effective Date	Medicare Part B Effective Date

\*\*If you are an active employee and have a newly Medicare-eligible spouse or dependent covered under your plan, TEFRA requires the participant to remain on the active plan. Contact 410-222-5219/5221 for more information.

**I understand that all the information in this application is true and complete.**

Signature (Employee)	Signature (Spouse - for Medicare, if turning 65)	Date
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Return to: Anne Arundel County Public Schools, HR/Benefits, 2644 Riva Road, Annapolis, MD 21401 or fax to 443-458-0669. Please make a copy for your records.