



Notification of Family Status Change Form

Form fields for Social Security Number, Last Name, First Name, M.I., Date of Birth, Home Mailing Address, City, State, Zip, Daytime Phone Number, and Department.

Qualifying Event

- Qualifying event options: Marriage/Divorce/Domestic Partner Certification, Birth or Adoption, Death, Employment Change, Qualified Court Ordered Child Support, and Other.

Note: You must attach qualifying documentation and submit within 30 days of the qualifying event.

Health Care Election

Health Plan and Health Coverage Level selection options.

Dental Care Election (Optional)

Dental Plan and Dental Coverage Level selection options.

Family Members (List your spouse/partner and all dependent children.)

Table with 8 columns: A (add) or D (delete), Last Name, First Name, Social Security Number, Date of Birth, Gender, and Enroll In. Rows for Spouse/Partner and three Child entries.

When declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be eligible to enroll yourself or your dependents in the Vanderbilt Plan provided you request enrollment within 30 days of the other coverage ending.

I have received and understand information about Vanderbilt University's benefit program. I choose to enroll as indicated above and waive my right to participate in the plans not selected.

Benefits Office Use Only box containing fields for Pay Group, Eff Date, ID #, Group #, and Date Received in Benefits.

Employee Signature _____ Date _____

Note: If you wish to change your life insurance, accidental death and dismemberment (AD&D) insurance beneficiary, or personal spending accounts (PSAs), you must complete additional forms.

* For domestic partner certification, you must contact the Director of Benefits.