

✓ **Marriage:**

- Required - Complete a [Benefit Election Form](#)
 - Section A to add your spouse/add applicable dependent(s)
 - Section B to change life insurance beneficiary information (optional)
 - Submit a copy of your marriage certificate (and birth certificate(s) if adding dependent children)
- Flexible Spending [Change in Status](#) – if you wish to increase flex amount
- [Employee Personal Data Change](#) form – for address and name change (Note: must have changed your name with the Social Security office and submit a copy of the new social security card before your name can be changed on the payroll system.)
- Other beneficiary changes to consider:
 - [Pension](#)
 - [Deferred Compensation](#)

✓ **Divorce:**

- Required - Complete a [Benefit Election Form](#)
 - Section A to remove your spouse/applicable dependent(s)
 - Section B to change life insurance beneficiary information (optional)
 - Submit first and last pages of final divorce decree
- Flexible Spending [Change in Status](#) – if you participate in flex benefits and want to remove your spouse for claims
- [Employee Personal Data Change](#) form – for address and name change (Note: must have changed your name with the Social Security office and submit a copy of the new social security card before your name can be changed on the payroll system.)
- Other beneficiary changes to consider:
 - [Pension](#)
 - [Deferred Compensation](#)

✓ **Add a Dependent:**

- Required - Complete a [Benefit Election Form](#)
 - Section A to add your spouse/add applicable dependents
 - Section B to change life insurance beneficiary information
 - Submit Acceptable [Proof of Eligibility Documents](#)
 - Flexible Spending [Change in Status](#) – to increase flex amount (if applicable)

✓ **Remove a Dependent:**

- Required - Complete a [Benefit Election Form](#)
 - Section A to remove your dependent
 - Section B to change life insurance beneficiary information (optional)
 - Submit proof of other coverage – must be letter from employer or benefits administrator; must state who is covered and date coverage begins

✓ **Loss of Other Coverage/Enroll in Benefits**

- Required - Complete a [Benefit Election Form](#)
 - Section A to add your dependent(s)
 - Proof of loss of other coverage. Must show who lost coverage, what coverage was lost, and date coverage terminated.
 - Submit Acceptable [Proof of Eligibility Documents](#) if you are adding dependents
- Flexible Spending [Change in Status](#)
- Wellness Incentives
 - [Non-Smoking Attestation Form](#)
 - [Wellness Exam Attestation Form](#)