



# Lake Erie Regional Council Employee Protection Plan

1885 Lake Avenue, Elyria, Ohio 44035

440-324-5777

Fax: 440-324-4485

## CHANGE FORM

SCHOOL DISTRICT:			
<b>EMPLOYEE INFORMATION</b>			
EMPLOYEE NAME:		SOCIAL SECURITY	

EFFECTIVE DATE	<b>ADDRESS CHANGE</b> CITY/STATE/ZIP NEW PHONE NUMBER	
EFFECTIVE DATE	<b>NAME CHANGE</b> DIVORCE MARRIAGE	

(Requires a copy of marriage license or other legal documentation)

### TERMINATION OF EMPLOYEE COVERAGE EFFECTIVE DATE: COBRA QUALIFYING EVENT:

<b>DO NOT SEND COBRA NOTICE</b>	RESIGNATION	TERMINATION	RETIREMENT	LAYOFF	LONG-TERM DISABILITY	LEAVE OF ABSENCE	REDUCTION IN HOURS	INVOLUNTARY TERMINATION Except gross misconduct
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### ADD DEPENDENT OR CHANGE EMPLOYEE COVERAGE

CHANGE TO FAMILY

QUALIFYING EVENT

(ADDITIONAL DOCUMENTS ATTACHED) **Notify Plan within 31 days of a qualifying event to add newborn/dependent/spouse.**

### DOES SPOUSE WORK FOR A LERC SCHOOL DISTRICT? IF YES, PLEASE SELECT DISTRICT:

AMHERST	CLEARVIEW	COLUMBIA	LORAIN COUNTY ED. SERVICE CENTER	FIRELANDS	
KEYSTONE	LCJVS	MIDVIEW	SHEFFIELD/SHEFFIELD LAKE	VERMILION	WELLINGTON LORAIN

Are you or any dependent on **Medicare**? Medicare Policyholder Name:

**Medicare is secondary to your LERC GROUP HEALTH PLAN**

EFFECTIVE DATE:		MARRIAGE DATE		(List <u>only</u> those dependents affected by this change)
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LAST NAME	FIRST NAME	DOB	SEX	SS#	MED	DE	VI

Please supply ALL NECESSARY documentation required to ADD/DROP a dependent or spouse

### DROP DEPENDENT OR CHANGE EMPLOYEE COVERAGE

CHANGE TO SINGLE

EFFECTIVE

LAST NAME	FIRST NAME	DOB	SEX	SS#	MED	DE	VI
<b>COBRA DEPENDENT QUALIFYING EVENT:</b>	DIVORCE/ SEPARATION	DEPENDENT NO LONGER ELIGIBLE	RETIRED/EMPLOYEE ENTITLED TO MEDICARE	DEATH OF EMPLOYEE	<b>NO COBRA VOLUNTARY CHANGE</b>		

If cancellation is due to **legal divorce, separation, annulment or dissolution**, provide current address for ex-spouse where **COBRA Election Notice** and **Creditable Coverage Certificate** are to be sent.

Coverage ends for an ex-spouse on the day the final decree is filed.

Notify the plan within 60 days of a final decree of a divorce/separation/annulment/dissolution.

EMPLOYEE SIGNATURE

DATE

TREASURER/DESIGNEE SIGNATURE

DATE