



# BENEFIT CHANGE IN STATUS REQUEST PERSONAL EVENT

CAREGIVER NAME: \_\_\_\_\_ CAREGIVER #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**PERSONAL EVENT (as defined below): Please check the changes you would like to make:**

<input type="checkbox"/> <b>MARRIAGE</b>  Date: _____	<table border="0"> <tr> <td><input type="checkbox"/> Enroll self/spouse in Health Ins</td> <td><input type="checkbox"/> Enroll self/spouse in Dental Ins</td> <td><input type="checkbox"/> Enroll self/spouse in Vision</td> </tr> <tr> <td><input type="checkbox"/> Enroll child/step child in Health Ins</td> <td><input type="checkbox"/> Enroll child/step child in Dental Ins</td> <td><input type="checkbox"/> Enroll child/step child in Vision</td> </tr> <tr> <td><input type="checkbox"/> Drop Health Insurance</td> <td><input type="checkbox"/> Drop Dental Insurance</td> <td><input type="checkbox"/> Drop Vision Insurance</td> </tr> <tr> <td><input type="checkbox"/> Elect Opt Out Coverage</td> <td><input type="checkbox"/> Increase HC Flexible Spending</td> <td><input type="checkbox"/> Decrease HC Flexible Spending</td> </tr> <tr> <td><input type="checkbox"/> Elect/Increase DC Flexible Spending</td> <td><input type="checkbox"/> Drop/Decrease DC Flexible Spending</td> <td><input type="checkbox"/> Elect LTD Buy Up/Down (if Appl)</td> </tr> <tr> <td><input type="checkbox"/> Elect Supplemental* Life Coverage</td> <td><input type="checkbox"/> Change Supplemental* Life Coverage</td> <td><input type="checkbox"/> Drop Supp'l* Life Coverage</td> </tr> <tr> <td><input type="checkbox"/> Elect STD Coverage (if Applicable)</td> <td><input type="checkbox"/> Drop STD Coverage (if Applicable)</td> <td><input type="checkbox"/> Drop LTD Buy Up/Down (if Appl)</td> </tr> </table> <p>*Supplemental life coverage includes spousal and dependent life insurance  <b>Applicable benefit forms must be completed and returned with this form.</b> A spousal access form must also be included if you are adding your spouse to insurance. <b>A copy of the marriage license is also required for any of the above changes. A birth certificate or certificate of adoption is required if adding children.</b></p>	<input type="checkbox"/> Enroll self/spouse in Health Ins	<input type="checkbox"/> Enroll self/spouse in Dental Ins	<input type="checkbox"/> Enroll self/spouse in Vision	<input type="checkbox"/> Enroll child/step child in Health Ins	<input type="checkbox"/> Enroll child/step child in Dental Ins	<input type="checkbox"/> Enroll child/step child in Vision	<input type="checkbox"/> Drop Health Insurance	<input type="checkbox"/> Drop Dental Insurance	<input type="checkbox"/> Drop Vision Insurance	<input type="checkbox"/> Elect Opt Out Coverage	<input type="checkbox"/> Increase HC Flexible Spending	<input type="checkbox"/> Decrease HC Flexible Spending	<input type="checkbox"/> Elect/Increase DC Flexible Spending	<input type="checkbox"/> Drop/Decrease DC Flexible Spending	<input type="checkbox"/> Elect LTD Buy Up/Down (if Appl)	<input type="checkbox"/> Elect Supplemental* Life Coverage	<input type="checkbox"/> Change Supplemental* Life Coverage	<input type="checkbox"/> Drop Supp'l* Life Coverage	<input type="checkbox"/> Elect STD Coverage (if Applicable)	<input type="checkbox"/> Drop STD Coverage (if Applicable)	<input type="checkbox"/> Drop LTD Buy Up/Down (if Appl)
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<input type="checkbox"/> <b>DIVORCE</b>  Date: _____	<table border="0"> <tr> <td><input type="checkbox"/> Drop spouse from Health Insurance</td> <td><input type="checkbox"/> Drop spouse from Dental Insurance</td> <td><input type="checkbox"/> Drop spouse from Vision Ins</td> </tr> <tr> <td><input type="checkbox"/> Drop stepchildren from Health Ins</td> <td><input type="checkbox"/> Drop stepchildren from Dental Ins</td> <td><input type="checkbox"/> Drop stepchildren from Vision Ins</td> </tr> <tr> <td><input type="checkbox"/> Elect/Increase HC Flexible Spending</td> <td><input type="checkbox"/> Decrease HC Flexible Spending</td> <td><input type="checkbox"/> Elect/Increase DC Flexible Spend</td> </tr> <tr> <td><input type="checkbox"/> Elect Supplemental Life Coverage</td> <td><input type="checkbox"/> Change Supplemental Life Coverage</td> <td><input type="checkbox"/> Drop Supp'l Life Coverage</td> </tr> <tr> <td><input type="checkbox"/> Elect STD Coverage (if Applicable)</td> <td><input type="checkbox"/> Drop STD Coverage (if Applicable)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Elect LTD Buy Up/Down (if Appl)</td> <td><input type="checkbox"/> Drop LTD Buy Up/Down (if Applicable)</td> <td></td> </tr> </table> <p>Spouse/Dependent New Address: _____  <b>Applicable benefit forms must be completed and returned with this form. A copy of the divorce decree is also required for any of the above changes.</b></p>	<input type="checkbox"/> Drop spouse from Health Insurance	<input type="checkbox"/> Drop spouse from Dental Insurance	<input type="checkbox"/> Drop spouse from Vision Ins	<input type="checkbox"/> Drop stepchildren from Health Ins	<input type="checkbox"/> Drop stepchildren from Dental Ins	<input type="checkbox"/> Drop stepchildren from Vision Ins	<input type="checkbox"/> Elect/Increase HC Flexible Spending	<input type="checkbox"/> Decrease HC Flexible Spending	<input type="checkbox"/> Elect/Increase DC Flexible Spend	<input type="checkbox"/> Elect Supplemental Life Coverage	<input type="checkbox"/> Change Supplemental Life Coverage	<input type="checkbox"/> Drop Supp'l Life Coverage	<input type="checkbox"/> Elect STD Coverage (if Applicable)	<input type="checkbox"/> Drop STD Coverage (if Applicable)		<input type="checkbox"/> Elect LTD Buy Up/Down (if Appl)	<input type="checkbox"/> Drop LTD Buy Up/Down (if Applicable)				
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<input type="checkbox"/> <b>BIRTH OR ADOPTION OF A CHILD</b>  Date: _____	<table border="0"> <tr> <td><input type="checkbox"/> Enroll self/spouse in Health Ins</td> <td><input type="checkbox"/> Enroll self/spouse in Dental Ins</td> <td><input type="checkbox"/> Enroll self/spouse in Vision</td> </tr> <tr> <td><input type="checkbox"/> Enroll child/step child in Health Ins</td> <td><input type="checkbox"/> Enroll child/step child in Dental Ins</td> <td><input type="checkbox"/> Enroll child/step child in Vision</td> </tr> <tr> <td><input type="checkbox"/> Elect Supplemental* Life Coverage</td> <td><input type="checkbox"/> Change Supplemental* Life Coverage</td> <td><input type="checkbox"/> Drop Supp'l* Life Coverage</td> </tr> <tr> <td><input type="checkbox"/> Elect STD Coverage (if Applicable)</td> <td><input type="checkbox"/> Drop STD Coverage (if Applicable)</td> <td><input type="checkbox"/> Elect/Increase HC Flexible Spend</td> </tr> <tr> <td><input type="checkbox"/> Elect/Increase DC Flexible Spend</td> <td><input type="checkbox"/> Elect LTD Buy Up/Down (if Appl)</td> <td><input type="checkbox"/> Drop LTD Buy Up/Down (if Appl)</td> </tr> </table> <p>*Supplemental life coverage includes spousal and dependent life insurance  <b>Applicable benefit forms must be completed and returned with this form. A copy of the birth certificate or certificate of adoption is also required for any of the above changes.</b></p>	<input type="checkbox"/> Enroll self/spouse in Health Ins	<input type="checkbox"/> Enroll self/spouse in Dental Ins	<input type="checkbox"/> Enroll self/spouse in Vision	<input type="checkbox"/> Enroll child/step child in Health Ins	<input type="checkbox"/> Enroll child/step child in Dental Ins	<input type="checkbox"/> Enroll child/step child in Vision	<input type="checkbox"/> Elect Supplemental* Life Coverage	<input type="checkbox"/> Change Supplemental* Life Coverage	<input type="checkbox"/> Drop Supp'l* Life Coverage	<input type="checkbox"/> Elect STD Coverage (if Applicable)	<input type="checkbox"/> Drop STD Coverage (if Applicable)	<input type="checkbox"/> Elect/Increase HC Flexible Spend	<input type="checkbox"/> Elect/Increase DC Flexible Spend	<input type="checkbox"/> Elect LTD Buy Up/Down (if Appl)	<input type="checkbox"/> Drop LTD Buy Up/Down (if Appl)						
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<input type="checkbox"/> <b>LOSS OF OTHER COVERAGE (you may enroll) -or- GAIN OF OTHER COVERAGE (you may drop)</b>  Date: _____	<table border="0"> <tr> <td><input type="checkbox"/> Enroll/Drop in Health Insurance</td> <td><input type="checkbox"/> Enroll/Drop in Dental Insurance</td> <td><input type="checkbox"/> Enroll/Drop in Vision Insurance</td> </tr> <tr> <td><input type="checkbox"/> Enroll/Drop spouse in Health Ins</td> <td><input type="checkbox"/> Enroll/Drop spouse in Dental Ins</td> <td><input type="checkbox"/> Enroll/Drop spouse in Vision Ins</td> </tr> <tr> <td><input type="checkbox"/> Enroll/Drop children in Health Ins</td> <td><input type="checkbox"/> Enroll/Drop children in Dental Ins</td> <td><input type="checkbox"/> Enroll/Drop children in Vision Ins</td> </tr> <tr> <td><input type="checkbox"/> Elect/Increase Flexible Spending</td> <td><input type="checkbox"/> Elect Supplemental* Life Coverage</td> <td><input type="checkbox"/> Change Supp'l* Life Coverage</td> </tr> <tr> <td><input type="checkbox"/> Drop Supplemental* Life Coverage</td> <td><input type="checkbox"/> Elect STD/LTD Coverage (if Applicable)</td> <td><input type="checkbox"/> Drop STD/LTD Coverage (if Appl)</td> </tr> </table> <p>*Supplemental life coverage includes spousal and dependent life insurance  <b>You must provide proof of loss or gain of coverage to be eligible to change your benefits.</b>          A spousal access form must also be included if you are adding your spouse to insurance. <b>Applicable benefit forms must be completed and returned with this form.</b></p>	<input type="checkbox"/> Enroll/Drop in Health Insurance	<input type="checkbox"/> Enroll/Drop in Dental Insurance	<input type="checkbox"/> Enroll/Drop in Vision Insurance	<input type="checkbox"/> Enroll/Drop spouse in Health Ins	<input type="checkbox"/> Enroll/Drop spouse in Dental Ins	<input type="checkbox"/> Enroll/Drop spouse in Vision Ins	<input type="checkbox"/> Enroll/Drop children in Health Ins	<input type="checkbox"/> Enroll/Drop children in Dental Ins	<input type="checkbox"/> Enroll/Drop children in Vision Ins	<input type="checkbox"/> Elect/Increase Flexible Spending	<input type="checkbox"/> Elect Supplemental* Life Coverage	<input type="checkbox"/> Change Supp'l* Life Coverage	<input type="checkbox"/> Drop Supplemental* Life Coverage	<input type="checkbox"/> Elect STD/LTD Coverage (if Applicable)	<input type="checkbox"/> Drop STD/LTD Coverage (if Appl)						
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I have read and completed the above application form to the best of my ability. I understand that all Benefit enrollment/change applications must be submitted within **30 DAYS** of the qualifying status change and/or personal event. I understand that if the required documentation is not currently available, the application must still be submitted within the 30 day deadline and will be held temporarily in a pending status until the required documents are received. I authorize Sparrow to deduct any applicable premiums from my earnings in connection with the attached enrollment/change applications. Applications that have been submitted after the allowable **30-DAY** time frame will not be processed and should be elected during the announced open enrollment period.

Caregiver Signature \_\_\_\_\_

Date \_\_\_\_\_



HAVE ANY QUESTIONS, PLEASE CONTACT THE TOTAL REWARDS HOTLINE AT 517 364-5333.

**BENEFIT CHANGE IN STATUS REQUEST**

**STATUS CHANGE**

CAREGIVER NAME: \_\_\_\_\_ CAREGIVER #: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**STATUS CHANGE** **Effective Date of Change:** \_\_\_\_\_

<p><b>From:</b> (check all that apply)</p> <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> PD or PT Non Ben Eligible <input type="checkbox"/> WES <input type="checkbox"/> MNA <input type="checkbox"/> UAW <input type="checkbox"/> NON UNION <input type="checkbox"/> SUPP POOL <input type="checkbox"/> SALARY <input type="checkbox"/> HOURLY	<p><b>To:</b> (check all that apply)</p> <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> PD or PT Non Ben Eligible <input type="checkbox"/> WES <input type="checkbox"/> MNA <input type="checkbox"/> UAW <input type="checkbox"/> NON UNION <input type="checkbox"/> SUPP POOL <input type="checkbox"/> SALARY <input type="checkbox"/> HOURLY
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**INCREASE IN COVERAGE**

<input type="checkbox"/> <b>Change in Status – from Non-Benefit Eligible to Benefit Eligible</b>  Date: _____	<input type="checkbox"/> Enroll in Health Insurance <input type="checkbox"/> Enroll Spouse in Health Insurance <input type="checkbox"/> Enroll Children in Health Ins <input type="checkbox"/> Elect HC Flexible Spending <input type="checkbox"/> Elect STD Coverage (if Applicable)	<input type="checkbox"/> Enroll in Dental Insurance <input type="checkbox"/> Enroll Spouse in Dental Insurance <input type="checkbox"/> Enroll Children in Dental Ins <input type="checkbox"/> Elect DC Flexible Spending <input type="checkbox"/> Elect LTD Buy Up/Down (if Applicable)	<input type="checkbox"/> Enroll in Vision Insurance <input type="checkbox"/> Enroll Spouse in Vision Insurance <input type="checkbox"/> Enroll Children in Vision Ins <input type="checkbox"/> Elect Suppl'l Life Coverage
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**Applicable benefit forms must be completed and returned with this form.** A spousal access form must also be included if you are adding your spouse to insurance. **A copy of the marriage license is also required for any of the above changes. A birth certificate or certificate of adoption is required if adding children.**

<input type="checkbox"/> <b>Change in Status – from PT Benefit Eligible to FT Benefit Eligible</b>  Date: _____	<p><b>You must currently be enrolled in the coverage below in order to change coverage levels.</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Enroll Spouse in Health Insurance</td> <td style="width: 33%;"><input type="checkbox"/> Enroll Spouse in Dental Insurance</td> <td style="width: 33%;"><input type="checkbox"/> Enroll Spouse in Vision Insurance</td> </tr> <tr> <td><input type="checkbox"/> Enroll Children in Health Ins</td> <td><input type="checkbox"/> Enroll Children in Dental Ins</td> <td><input type="checkbox"/> Enroll Children in Vision Ins</td> </tr> <tr> <td><input type="checkbox"/> Elect Supplemental* Life Coverage</td> <td><input type="checkbox"/> Change Supplemental* Life Coverage</td> <td><input type="checkbox"/> Drop Suppl'l* Life Coverage</td> </tr> <tr> <td><input type="checkbox"/> Elect STD Coverage (if Applicable)</td> <td><input type="checkbox"/> Drop STD Coverage (if Appl)</td> <td><input type="checkbox"/> Elect LTD Buy Up/Down (if Appl)</td> </tr> </table> <p><small>*Supplemental life coverage includes spousal and dependent life insurance</small></p> <p><b>Applicable benefit forms must be completed and returned with this form.</b> A spousal access form must also be included if you are adding your spouse to insurance. <b>A copy of the marriage license is also required for any of the above changes. A birth certificate or certificate of adoption is required if adding children.</b></p>			<input type="checkbox"/> Enroll Spouse in Health Insurance	<input type="checkbox"/> Enroll Spouse in Dental Insurance	<input type="checkbox"/> Enroll Spouse in Vision Insurance	<input type="checkbox"/> Enroll Children in Health Ins	<input type="checkbox"/> Enroll Children in Dental Ins	<input type="checkbox"/> Enroll Children in Vision Ins	<input type="checkbox"/> Elect Supplemental* Life Coverage	<input type="checkbox"/> Change Supplemental* Life Coverage	<input type="checkbox"/> Drop Suppl'l* Life Coverage	<input type="checkbox"/> Elect STD Coverage (if Applicable)	<input type="checkbox"/> Drop STD Coverage (if Appl)	<input type="checkbox"/> Elect LTD Buy Up/Down (if Appl)
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**DECREASE IN COVERAGE**

<input type="checkbox"/> <b>Change in Status – from Benefit Eligible to Non-Benefit Eligible</b>  Date: _____	<input type="checkbox"/> Drop DC Flexible Spending  <p><b>Applicable benefit forms must be completed and returned with this form.</b></p>
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<input type="checkbox"/> <b>Change in Status – from FT Benefit Eligible to PT Benefit Eligible</b>  Date: _____	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Drop Spouse Health Ins Coverage</td> <td style="width: 33%;"><input type="checkbox"/> Drop Spouse Dental Ins Coverage</td> <td style="width: 33%;"><input type="checkbox"/> Drop Spouse Vision Ins Coverage</td> </tr> <tr> <td><input type="checkbox"/> Drop Child Health Ins Coverage</td> <td><input type="checkbox"/> Drop Child Dental Ins Coverage</td> <td><input type="checkbox"/> Drop Child Vision Ins Coverage</td> </tr> <tr> <td><input type="checkbox"/> Elect/Change Suppl'l* Life Coverage</td> <td><input type="checkbox"/> Drop Supplemental* Life Coverage</td> <td><input type="checkbox"/> Change Health Insurance Plan due to a significant cost increase</td> </tr> </table> <p><small>*Supplemental Life Coverage includes Spousal and Dependent Life Insurance</small></p> <p><b>Applicable benefit forms must be completed and returned with this form.</b></p>	<input type="checkbox"/> Drop Spouse Health Ins Coverage	<input type="checkbox"/> Drop Spouse Dental Ins Coverage	<input type="checkbox"/> Drop Spouse Vision Ins Coverage	<input type="checkbox"/> Drop Child Health Ins Coverage	<input type="checkbox"/> Drop Child Dental Ins Coverage	<input type="checkbox"/> Drop Child Vision Ins Coverage	<input type="checkbox"/> Elect/Change Suppl'l* Life Coverage	<input type="checkbox"/> Drop Supplemental* Life Coverage	<input type="checkbox"/> Change Health Insurance Plan due to a significant cost increase
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\_\_\_\_\_  
Caregiver Signature \_\_\_\_\_  
Date

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