

PLACER COUNTY OFFICE OF EDUCATION

CHANGE IN STATUS FORM for EMPLOYER SPONSORED GROUP INSURANCE PLANS

Envoy Plan Services, Inc. Corporate Office 23052-H Alicia Pkwy #605 Mission Viejo, CA 92692 Or Fax: 1-800-300-7313 Or Email: 125@EnvoyPlanServices.com

Table with 2 columns: Employee Name, Mailing Address, E-Mail Address; Work Phone Number, Home Phone Number, Cell Phone Number.

INSTRUCTIONS

- This form is applicable to Group Insurance contracts and prepaid health plan contracts for Employer sponsored health insurance eligible under the Placer County Office of Education 125 Flexible Benefit Plan only. To amend, revoke or drop an election, please complete the section below and forward this form to Envoy Plan Services, Inc. at the address listed in the top right corner of this form. A separate form must be completed for each insurance type. To amend or revoke an election under the, within the same Plan Year as the election, the participant must have incurred one of the qualifying events listed below.

REASON FOR CHANGE

- Marriage (Date)
Divorce (Date)
Disability or Leave of Absence (Date)
Return from Disability or Leave of Absence (Date)
Death of Dependent (Date)
Birth of Dependent (Date)
Adoption of Dependent (Date)
Change of Employment or Job Status (Date)
Spouse Employment Change (Date)
Change of Employer Benefits (Date)
Change of Day Care Needs or Availability (Date)

Group Insurance and Health Plan Payroll Changes

Name of Insurance Company:

Type of Insurance:

New Monthly Amount for the remainder of the current Plan Year: \$

To be deducted over the remaining months.

First payroll date change is

EMPLOYEE STATEMENT - READ CAREFULLY

Please change my previously authorized election amount to the Group Insurance Plan as I have indicated above. I authorize these changes to be to my pay for the remainder of the current Plan Year: I verify that I have read and understand the information on this page and that the information I have provided above is true and correct to the best of my knowledge.

Participant's Signature

Date