Anne Arundel County Public Schools | Division of Human Resources

Lifestyle Change Form for Healthcare Benefits

This form must be submitted within 31 days of a Qualifying Event. ***If adding or deleting dependents, please attach documentation (e.g., birth certificate/adoption/marriage or divorce papers, proof of other insurance, etc.).***

Add Dependent(s)	Remove Dependent(s)	Change in Coverage	Spousal Surcharge
☐ Marriage *(opposite and same sex marriage recognized)* ☐ Birth/Adoption ☐ Other *(please explain)* *Please call with the child's SSN when it arrives.*	☐ Child over age 26 ☐ Dependent obtained other health insurance ☐ Divorce ☐ Death ☐ Other *(please explain)*	☐ Eligible for Medicare* ☐ Loss of other coverage ☐ Other *(please explain)* ** If you are an active employee and have a newly Medicare-eligible spouse or dependent covered under your plan, TEFRA requires the participant to remain on the active plan. Contact 410-222-5219/5221 for more information.*	☐ Applicable ☐ Exempt; Spouse is: ☐ unemployed ☐ self-employed as a sole proprietor ☐ a current AACPS employee or AACPS retiree ☐ not eligible for healthcare coverage at his/her employer or their employer does not offer coverage ☐ enrolled with the employee in the AACPS PPN or HMO Low Option plan
Date of Event:	Date of Event:	Date of Event:	Date of Event:

Your Name	First & Last Name of Doctor	Employee ID
Your Address	Work Location	
Date of Birth	Home Phone #	Work Phone #

Dependents Being Added or Removed *(For more dependents, please complete an additional Lifestyle Change Form)*

Spouse	SSN	Sex ☐ Male ☐ Female	Date of Birth	First & Last Name of Doctor
Child	SSN	Sex ☐ Male ☐ Female	Date of Birth	First & Last Name of Doctor
Child	SSN	Sex ☐ Male ☐ Female	Date of Birth	First & Last Name of Doctor
Child	SSN	Sex ☐ Male ☐ Female	Date of Birth	First & Last Name of Doctor

Doctor's names must be provided for employees and dependents if enrolling in an HMO. Failure to provide these codes may result in delays in coverage.

Change Level of Coverage *(Please note that with a lifestyle change, only a change in coverage level of insurance is allowed. You may only change insurance plans at Open Enrollment.)*

MEDICAL		DENTAL		VISION
☐ Blue Choice (HMO) Name of Doctor_____	☐ Individual	☐ PPO	☐ Individual	☐ Individual
☐ Blue Choice Low Option (HMO) Name of Doctor_____	☐ Parent/Child	☐ Traditional	☐ Parent/Child	☐ Parent/Child
☐ CareFirst Triple Option (HMO) Name of Doctor_____	☐ Employee/ Spouse	☐ UCCI (HMO) Name of Dentist _____	☐ Employee/ Spouse	☐ Employee/ Spouse
☐ CareFirst PPN *(grandfathered employees only)*	☐ Family		☐ Family	☐ Family

With a Qualifying Lifestyle Change, you may enroll, increase or decrease FSA or Voluntary Life Insurance Benefits.

Flexible Spending Account (FSA) – new election

Healthcare: $_____ Dependent Care: $_____
(Total $ election through end of this calendar year.)

Voluntary Life Insurance

If you wish to purchase a new or increase an existing policy, please submit a MetLife Enrollment Form, a Statement of Health, and a new MetLife Beneficiary Form available on the AACPS website at: www.aacps.org/hrforms.

I acknowledge that the information provided is true and accurate to the best of my knowledge. I further understand that falsifying information regarding my spouse's eligibility for medical coverage will result in, at a minimum, the application of a spousal surcharge in addition to any healthcare premium costs.

I understand that as a participant in an Anne Arundel County Public Schools (AACPS) benefit plan, any misrepresentation or omission of facts that is inconsistent with, and contrary to, the standards set for AACPS employees as established in the Employee Ethical Conduct section of the AACPS Employee Handbook may result in disciplinary action, including but not limited to, a reduction or loss of benefit, reversal of claim payments, and/or termination of employment.

Signature *(Employee)*	Date

Return to: **Anne Arundel County Public Schools, HR/Benefits, 2644 Riva Road, Annapolis, MD 21401, fax: 443-458-0669, or email: benefits@aacps.org.**
Please make a copy for your records.