Human Resources

Family Status Change Form

INSTRUCTIONS

- A Family Status Change form (FSC) must be completed if you have experienced a change in family status (marriage, birth of a child, adoption, divorce, death of a spouse or child, etc.) and would like to make changes. The completed form must be returned to the HR-Benefits department within **30 days** of the event date. If this form is not received within 30 days, the change in benefit coverage cannot take place until the next annual open enrollment.
- Please complete pages 2 and 3 of the FSC form (please print) only indicating the name(s) and desired change(s). The change must be consistent with your status change.
- Specific documentation other than this FSC form may be required for certain changes. Please refer to the Acceptable Supporting Documentation section below.
- Return the completed form and supporting documentation (if applicable) to the HR-Benefits department: 550 S. College Ave. Suite 201, or email hrhelp@udel.edu.
- Please contact the Office of Human Resources-Benefits by email (hrhelp@udel.edu) or phone (302) 831-2171 with any questions about this form or your benefits.

IMPORTANT REMINDERS

- Remember to update beneficiaries for Basic Life Insurance and Retirement benefits.
  - MetLife Beneficiary Designation
  - Fidelity Beneficiary form
  - TIAA Beneficiary form
  - State Pension Personal Information Form (P-1)

ACCEPTABLE SUPPORTING DOCUMENTATION:

Event	Documentation/Forms Required
Change in marital status: • Marriage	• Marriage Certificate • Social Security Card • Working Spouse Surcharge Form
• Divorce	• Divorce Decree
Change in number of dependents: • Birth • Adoption • Become a step parent	• Birth announcement/Birth Certificate • Adoption Certificate • Aetna – Child Coordination Form (DCOB) • Highmark – Child coordination Form (DCOB) • Social Security Card
• Death	• Death Certificate
Change in employment status: • Employee (part-time, leave of absence) • Spouse/Dependent child (new employment, leave of absence, termination of employment, etc.)	• Loss of employment/coverage – Additional Information form • Letter of employment listing the effective date of new health insurance

Last Revision: 6/2025

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Please print all information

Employee Personal Information:

Name: _____

Employee ID: _____

Work Phone: _____

Home Phone: _____

Effective Date of Family Life Event: _____

Reason for Family Status Change – Indicate the family status change by marking an "X" in the appropriate box.

- ☐ Marriage
- ☐ Divorce
- ☐ Death of spouse or dependent
- ☐ Birth or Adoption of Child
- ☐ Change in Spouse's employment
- ☐ Change in percent time worked
- ☐ Change in child's eligibility
- ☐ Moving out of HMO service area
- ☐ Other _____ Explanation Required

Action: ☐ Add Coverage ☐ Remove Coverage

Dependent Information: If you are removing a dependent, please provide the dependent's current address:

_____ Street _____ City _____ State _____ Zip

DEPENDENT INFORMATION					
Spouse/Dependent Name(s)	**Gender**	**Social Security #**	**Birth Date**	**Relationship**	**Marriage Date:**

PLAN/COVERAGE LEVEL CHANGES ONLY					
MEDICAL		**DENTAL**		**VISION**	
☐ Highmark Blue Choice Deductible PPO Plan ☐ Aetna CDH Gold ☐ Aetna HMO ☐ Highmark Blue Choice PPO Plan ☐ Waive	☐ Employee ☐ Empl & Spouse ☐ Empl & Children ☐ Family	☐ MetLife ☐ Waive	☐ Employee ☐ Empl & Spouse ☐ Empl & Children ☐ Family	☐ NVA ☐ Waive	☐ Employee ☐ Empl & Spouse ☐ Empl & Children ☐ Family

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BASIC LIFE INSURANCE - METLIFE	LONG TERM DISABILITY	FLEXIBLE SPENDING ACCOUNTS
☐ $10,000 ☐ $50,000 ☐ 2x's benefits base salary	☐ Standard Option ☐ High Option	☐ Healthcare total for calendar year _____ ☐ Waive ☐ Dependent (Day) Care total for calendar year _____ ☐ Waive

Changes During the Year

Please know that you can change your coverage between annual enrollments only if you have a change in status, as defined by federal law. A change in status happens when: you marry, divorce or legally separate; a child joins your family through birth or adoption; your spouse becomes employed, loses his or her job (full-time employment) or involuntarily loses medical coverage; your spouse or dependent child dies; your dependents become ineligible for coverage; you or your spouse have a change in job status from full-time to part-time or vice versa; you or your spouse take an unpaid leave of absence; you or your spouse have a significant change in health coverage due to a change in your spouse's employment. If you have a change in status, you have only 30 days to change your coverage. Furthermore, the requested change must be consistent with the event.

Working Spouse Surcharge Program:

If you are covering your spouse under a University health plan, we also want to share some very important information with you about the Working Spouse Surcharge program. This program affects how health insurance benefits payments are made for a spouse who is eligible for, but not enrolled in, coverage through their employer. The University is committed to maintaining the affordability and sustainability of its healthcare program. To help offset the cost of covering a spouse who has access to other employer-sponsored medical plans, UD may apply a surcharge to employees who enroll their spouse in coverage. To determine the applicability of the surcharge, UD previously required submission of the Online Spousal Coordination form. This form is now referred to as the Working Spouse Surcharge Verification form, but it continues to be a requirement for spousal enrollment. A monthly surcharge will apply to employees who elect to cover a spouse meeting the criteria outlined below:

Employees who choose to enroll a spouse in the University's medical plan may be subject to a $200 per month surcharge ($100 per pay period for 24 pays) If:

- The spouse is eligible for group medical coverage through their employer and is responsible for 50% or less of the premium for the lowest-cost employee only plan available to them; or
- The spouse is retired and has access to a health plan through their former employer or retirement plan and is responsible for 50% or less of the premium for the lowest retiree-only plan available to them.

This surcharge is in addition to the standard medical premium.

Basic Employee Life Insurance

Please know that you can change your Basic Life coverage between annual enrollments only if you have a change in family status.

Optional Life Insurance

Changes to your Optional Life insurance coverage can be made at any time during the year. In addition, with a change in family status, you may be eligible to enroll in or increase coverage for one of the Optional Life Insurance options through MetLife. Please note that certain levels of coverage for yourself and/or your spouse may require that you and/or your spouse provide proof of good health. If, as a result of the change in family status, you must cancel Optional Life for your spouse or dependent children, you should contact MetLife directly. To enroll go to: http://www1.udel.edu/metlife-auth. For more information contact MetLife Customer Service at 1-866-492-6983.

Health Plan Authorization

I understand that rights to service are subject to acceptance of my enrollment and to the terms and conditions specified in the present contract between the health insurance carrier and the University of Delaware. I certify that all information supplied by me is true. I, on behalf of myself and my covered dependents, authorize any physician, hospital or any other health care provider to release information available to them concerning any diagnosis, treatment or other health care services they render to me or my covered dependents to the health insurance carrier or its designee for purposes reasonably related to their contract or as required by law.

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I authorize the University to collect premium contributions by payroll deduction or otherwise, for remittance to applicable benefit carriers.

I have read and agree with the above terms.

Signature _____ Date _____