

**Human Resources Office**

Office: 410-588-5275  
Fax: 410-809-6258

**ADDRESS, NAME, AND FAMILY STATUS  
CHANGE FORM**

Submit form to: **Human Resources**

Effective Date of Change: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Name (*print clearly*): \_\_\_\_\_

New Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Current Position: \_\_\_\_\_

School/Office: \_\_\_\_\_

I am requesting the following change:

- Address/Phone: *To update your address/phone number online, access HCPS Employee Self Service (ESS).*
- Name: *NEW Social Security card required.* Provide Former Name: \_\_\_\_\_
- Family Status Change: *Must be made within 30 days of event.*

Certain qualifying life events allow you to make a change to your benefits outside of the open enrollment period. A change in family status may create the need for a different level of coverage, e.g., individual, husband/wife, parent/child, or family, and may affect the amount of your payroll deduction for healthcare. Your change request must be made through the Benelogic online enrollment system no later than 30 days following the effective date of one of these qualifying events. Documentation of the qualifying event must be sent to the Benefits Office within a reasonable time frame for the change request to be authorized. Below are examples of qualifying events for status changes.

EVENT	REQUIRED VERIFICATION
<ul style="list-style-type: none"> <li>▪ Marriage, divorce, or annulment</li> </ul>	Marriage certificate, divorce decree
<ul style="list-style-type: none"> <li>▪ Birth, adoption, or death of a dependent</li> </ul>	Birth certificate, hospital's verification of birth, final court ordered custody decree with seal, final adoption decree, death certificate
<ul style="list-style-type: none"> <li>▪ Loss of other insurance coverage</li> <li>▪ Change in employee or spouse's employment status (termination, layoff, start new job)</li> </ul>	Certificate of Coverage or letter on employer's letterhead showing effective date of change, coverage, and employee/subscriber name(s)

**TO REQUEST STATUS CHANGES DUE TO A QUALIFYING LIFE EVENT, FOLLOW THE STEPS BELOW:**

1. Log on to the HCPS Benelogic Online Benefits Enrollment Employee Portal: <https://hcps.benelogic.com>
2. Carefully read the instructions on each screen; select your change(s). Remember that Basic and Supplemental Life Insurance Beneficiary additions or changes are to be made through Benelogic and may be changed at any time.
3. View and print a confirmation statement of your change request for your records.
4. Mail or fax (410-809-6258) the appropriate documentation to verify your change to the Benefits Office within 30 days of the qualifying event.

**THE BOARD WILL NOT PROVIDE DUAL INSURANCE COVERAGE FOR ANY ELIGIBLE EMPLOYEES OR ELIGIBLE MEMBERS OF THEIR FAMILY.**

Is your spouse employed by HCPS?  YES  NO If yes, provide spouse's name, social security number, and employee ID number:

➤ Spouse's Name and SS#: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**EMPLOYER'S SECTION**

- Benefits Department: Information Updated By: \_\_\_\_\_ Date: \_\_\_\_\_
- Human Resources: Information Updated By: \_\_\_\_\_ Date: \_\_\_\_\_
- Payroll \_\_\_\_\_  SFE \_\_\_\_\_  Staff Relations \_\_\_\_\_  OTIS \_\_\_\_\_  Personnel File \_\_\_\_\_