Qualifying Life Event

Add Eligible Family Members to Medical Coverage

King County

Benefits, Payroll and Retirement Operations

Phone 206.684.1556 ◆ **Fax** 206.296.7700 ◆ **Email** kc.benefits@kingcounty.gov ◆ **Web** *www.kingcounty.gov/employees/benefits*

Main Address Benefits, Payroll and Retirement Operations, Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle, WA 98104-2333

- Use this form to enroll family members in medical coverage after a Qualifying Life Event. Additional documentation is also required.
- Submit this form **within 30 days** of your Qualifying Life Event. Forms may be delivered in person, faxed or scanned/emailed.
- If you do not submit this form within 30 days, the next opportunity to add a family member is the annual Open Enrollment (except for newborn and adopted children).
- To add Life and AD&D insurance, complete the *Life/AD&D Change* form. To enroll in/change an FSA, complete the *Flexible Spending Account Change* form. To change beneficiary information, complete the beneficiary forms.

Indicate the Qualifying Life Event (choose one option only)

Event Date

- ☐ Marriage (attach a copy of your marriage certificate) ____________
- ☐ Establishing state-registered domestic partnership (attach certificate of state-registered domestic partnership & proof of joint responsibility for basic financial obligations) ____________
- ☐ Birth/adoption (attach a copy of the birth certificate or adoption/placement papers) ____________
- ☐ Addition of a legal ward (attach a copy of court documents establishing legal custody) ____________
- ☐ Loss of other coverage: ____________
  - Spouse (attach a copy of your marriage certificate **AND** proof of loss of other coverage)
  - State-registered domestic partner (attach certificate of state-registered domestic partnership **AND** proof of loss of other coverage **AND** proof of joint responsibility for basic financial obligations)
  - Child (attach a copy of the child's birth certificate **AND** proof of loss of coverage)
  - HMO plan participant no longer lives in the HMO service area

Provide information about your family members

Eligible Relationship Types Spouse • Domestic Partner • Child (Biological/Step/Adopted) • Domestic Partner Child • Legal Ward

Relationship to Employee	Full Legal Name	Social Security #	Birthdate	Gender	Office Use Only: Dependent Verified?
				☐ Male ☐ Female	☐ Date ________
				☐ Male ☐ Female	☐ Date ________
				☐ Male ☐ Female	☐ Date ________
				☐ Male ☐ Female	☐ Date ________
				☐ Male ☐ Female	☐ Date ________
				☐ Male ☐ Female	☐ Date ________

Is your spouse/state-registered domestic partner a King County employee? ☐ Yes ☐ No

Indicate the coverage you want for your family members (choose one option only)

- ☐ Enroll all eligible family members in health coverage (medical, dental, and vision)
- ☐ Opt out of medical coverage for all family members above (you cannot opt out of dental and vision coverage)
- ☐ Dental/vision only for my spouse/domestic partner, but health (medical/dental/vision) coverage for me and eligible children

Note: If you're in the part-time Local 587 Partial Benefits Plan, you may add a family member for all or part of the health coverage you purchase for yourself. Call our office to discuss your options.

Benefit Access Fee (choose one option only)

If you cover a spouse/state-registered domestic partner on your King County medical plan, a monthly Benefit Access Fee applies, unless you qualify for one of the exemptions. Select the appropriate Benefit Access Fee—or exemption—for the current year. Each year, you must go online during Open Enrollment to select your status for the following year. If you later notify us that you qualify for an exemption and would like to discontinue the fee, that change will be made going forward, but you will not be refunded fees already deducted.

Benefit Access Fee: My spouse or domestic partner has access to medical coverage through his/her employer; however, I choose to cover him/her through King County and will pay the following monthly Benefit Access Fee:

Regular Employees (non-ATU 587or Deputy Sheriff):

- ☐ KingCare (Regence) plan:$100/month

Transit ATU 587 Employees:

- ☐ KingCare (Regence) plan:$150/month
- ☐ SmartCare (Kaiser Permanente) plan:$50/month

Deputy Sheriff Employees:

- ☐ KingCare (Regence) plan:$75/month

Benefit Access Fee Exemptions: I qualify for the following exemption to the Benefit Access Fee:

- ☐ I am opting out of medical coverage.
- ☐ I do not have a spouse or domestic partner.
- ☐ I choose not to cover my spouse or domestic partner with King County medical benefits.
- ☐ My spouse or domestic partner is a King County benefit-eligible employee.
- ☐ My spouse or domestic partner does not have access to medical coverage through his/her employer.
- ☐ Non-ATU 587 employees only: I am enrolling in the SmartCare Connect (Kaiser Permanente) plan.

Authorize your change

This information is true, correct and complete and amends previously submitted information. I authorize King County to make any payroll deductions resulting from my requested changes. I understand the willful falsification of any information I have provided may lead to disciplinary action up to and including discharge from employment. If I'm adding a domestic partner and/or a domestic partner's children, I understand deductions based on the taxable value of their benefits will be deducted from my paycheck retroactive to the date coverage began. I understand that the Benefit Access Fee (BAF) resets each year and that I must go online during Open Enrollment to make any changes. I understand it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Employee signature ______________________________ **Date signed** ______________

Printed name ______________________________ **Employee ID#** 0000______________

Email address ______________________________ **Phone #** ______________

Office use only	Date received	Processed by	Audited by	Date effective