



Lake Erie Regional Council Employee Protection Plan

1885 Lake Avenue, Elyria, Ohio 44035

440-324-5777

Fax: 440-324-4485

CHANGE FORM

SCHOOL DISTRICT:	Amherst Exempted Village School District		
EMPLOYEE INFORMATION			
EMPLOYEE NAME:		SOCIAL SECURITY	

EFFECTIVE DATE	ADDRESS CHANGE CITY/STATE/ZIP NEW PHONE NUMBER	
EFFECTIVE DATE	NAME CHANGE DIVORCE OR MARRIAGE	

(Requires a copy of marriage license or other legal documentation)

TERMINATION OF EMPLOYEE COVERAGE: HEALTH DENTAL EFFECTIVE DATE: _____
COBRA QUALIFYING EVENT:

DO NOT SEND COBRA NOTICE	RESIGNATION	TERMINATION	RETIREMENT	LAYOFF	LONG-TERM DISABILITY	LEAVE OF ABSENCE	REDUCTION IN HOURS	INVOLUNTARY TERMINATION Except gross misconduct
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ADD DEPENDENT OR CHANGE EMPLOYEE COVERAGE

CHANGE TO FAMILY ☐

QUALIFYING EVENT ☐

(ADDITIONAL DOCUMENTS ATTACHED) **Notify Plan within 31 days of a qualifying event to add newborn/dependent/spouse.**

DOES SPOUSE WORK FOR A LERC SCHOOL DISTRICT? IF YES PLEASE CIRCLE DISTRICT:

AMHERST	CLEARVIEW	COLUMBIA	LORAIN COUNTY EDUCATIONAL SERVICE CENTER	FIRELANDS
KEYSTONE	LCJVS	MIDVIEW	SHEFFIELD/SHEFFIELD LAKE	VERMILION
				WELLINGTON LORAIN

Are you or any dependent on **Medicare**? Medicare Policyholder Name: _____

Medicare is secondary to your LERC GROUP HEALTH PLAN

EFFECTIVE DATE		MARRIAGE DATE		(List <u>only</u> those dependents affected by this change)
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LAST NAME	FIRST NAME	DOB	SEX	SS#	MED	DENTAL

Please supply ALL NECESSARY documentation required to ADD/DROP a dependent or spouse

DROP DEPENDENT OR CHANGE EMPLOYEE COVERAGE

HEALTH

DENTAL

EFFECTIVE								
LAST NAME	FIRST NAME	DOB	SEX	SS#	MED	DENTAL		
COBRA DEPENDENT QUALIFYING EVENT:	DIVORCE/ SEPARATION	DEPENDENT NO LONGER ELIGIBLE	RETIRED/EMPLOYEE ENTITLED TO MEDICARE		DEATH OF EMPLOYEE	NO COBRA VOLUNTARY CHANGE		

If cancellation is due to **legal divorce, separation, annulment or dissolution**, provide current address for ex-spouse where COBRA Election Notice and Creditable Coverage Certificate are to be sent.

Coverage ends for an ex-spouse on the day the final decree is filed.

Notify the plan within 60 days of a final decree of a divorce/separation/annulment/dissolution.

EMPLOYEE SIGNATURE _____ DATE _____

TREASURER/DESIGNEE SIGNATURE _____ DATE _____