



# Lake Erie Regional Council Employee Protection Plan

1885 Lake Avenue, Elyria, Ohio 44035

440-324-5777

Fax: 440-324-4485

## CHANGE FORM

SCHOOL DISTRICT:	<b>AMHERST EXEMPTED VILLAGE SCHOOLS</b>		
<b>EMPLOYEE INFORMATION</b>			
EMPLOYEE NAME:		SOCIAL SECURITY	

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

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

**TERMINATION** OF EMPLOYEE COVERAGE EFFECTIVE DATE: \_\_\_\_\_

**COBRA QUALIFYING EVENT** (click on box below):

<b>DO NOT SEND COBRA NOTICE</b>	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 CHECK DISTRICT:**

AHMERST	CLEARVIEW	COLUMBIA	LORAIN COUNTY EDUCATIONAL SERVICE CTR	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	DE	

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

**DROP DEPENDENT OR CHANGE EMPLOYEE COVERAGE**

CHANGE COVERAGE TO SINGLE

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

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 divorce/separation/annulment/dissolution.

EMPLOYEE SIGNATURE

DATE

By entering your name electronically on this form you are agreeing that your electronic signature is the legal equivalent of your manual signature (Board Policy 6107).

TREASURER/DESIGNEE SIGNATURE

DATE