



# Lake Erie Regional Council Employee Protection Plan

1885 Lake Avenue, Elyria, Ohio 44035

440-324-5777

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## CHANGE FORM JULY 2018-JUNE 2019

SCHOOL DISTRICT:			
<b>EMPLOYEE INFORMATION</b>			
EMPLOYEE NAME:		SOCIAL SECURITY	

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

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

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

**COBRA QUALIFYING EVENT:**

<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) You have 31 days after 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

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

**Medicare is secondary to your LERC GROUP HEALTH PLAN**

EFFECTIVE DATE		MARRIAGE DATE		(List only those dependents affected by this change)
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LAST NAME	FIRST NAME	DOB	SEX	SS#	MED	DE	VI

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

**DROP DEPENDENT OR CHANGE EMPLOYEE COVERAGE**

CHANGE TO SINGLE

EFFECTIVE							
LAST NAME	FIRST NAME	DOB	SEX	SS#	MED	DE	VI

<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>
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EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TREASURER/DESIGNEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_