



City of Snellville  
**QUALIFYING EVENT NOTIFICATION FORM**

Today's Date:		Date of Qualifying Event:	
<b>EMPLOYEE INFORMATION</b>			
Employee's last name:	First:	Middle:	Department:
<b>QUALIFYING EVENT</b>			
<b>EVENT(S)/DOCUMENTATION REQUIRED:</b>		<b>EFFECTIVE DATE(S) OF COVERAGE:</b>	
<input type="checkbox"/> <b>Change in Marital Status</b> <ul style="list-style-type: none"><li>• Marriage (copy of marriage license or certificate)</li><li>• Divorce (copy of divorce decree)</li></ul>		<ul style="list-style-type: none"><li>• Coverage effective 1<sup>st</sup> of the month following marriage</li><li>• Coverage terminated at the end of the month when divorce is finalized</li></ul>	
<input type="checkbox"/> <b>Birth / Adoption / Custody of a Child</b> <ul style="list-style-type: none"><li>• Any of the above (birth certificate, adoption or custody verification documentation)</li></ul>		<ul style="list-style-type: none"><li>• Date of Birth / Adoption / Custody</li></ul>	
<input type="checkbox"/> <b>Changed in Qualified Beneficiary Employment Status</b> <ul style="list-style-type: none"><li>• Termination (loss of coverage verification documentation)</li><li>• Reduction in Hours (loss of coverage verification documentation)</li><li>• Qualified Beneficiary Acquired New Coverage (copy of proof of coverage documentation)</li></ul>		<ul style="list-style-type: none"><li>• Coverage effective 1st of the month following loss of coverage</li><li>• Coverage effective 1st of the month following loss of coverage</li><li>• Coverage terminates at the end of the month in which qualified beneficiary is no longer eligible</li></ul>	
<p>The City of Snellville is required to adhere to federal regulations as well as applicable plan guidelines in the administration of City of Snellville insurance plans. If you experience a qualifying event, it is imperative that you notify the Human Resources office within 30 days of this event. Based on IRS regulations, this 30 day time period provides employees with a special enrollment period in which to make applicable insurance benefit election changes.</p>			
_____ Employee Signature		_____ Date	
<b>IMPORTANT:</b> <b>RETURN THIS FORM ALONG WITH DOCUMENTATION TO HUMAN RESOURCES WITHIN 30 DAYS OF QUALIFYING EVENT</b> EMAIL – <a href="mailto:gdowns@snellville.org">gdowns@snellville.org</a> FAX – 770-985-3525			