Employee Name (please print)______________________________  Employee ID or University ID______________________________

If you wish to modify your current benefit elections with the University of Iowa as a result of an event(s), please complete this form in its entirety and return to University Benefits address listed below. Approximately 48 hours after University Benefits receives your form, you will be able to edit and complete your benefit selections pertaining to your event(s) online on the Employee Self Service website. (If the form is received within six (6) working days prior to the end of a month, the Employee Self Service site will not be available until the second working day of the following month.) If you have questions, please call University Benefits at 319-335-2676.

I have the following qualifying event. Please check the appropriate item(s):

☐ Marriage ☐ Divorce
☐ Common Law Marriage* ☐ Legal Separation
☐ Birth ☐ Termination of Domestic Partnership*
☐ Adoption ☐ Domestic Partner Affidavit*
☐ Death of Spouse/Partner or dependent ☐ Dependent (over age 26) no longer eligible
☐ Divorce ☐ Change of dependent care provider or cost*
☐ Legal Separation ☐ Loss of coverage
☐ Termination of Domestic Partnership* ☐ Gain of other health/dental coverage
☐ Domestic Partner Affidavit*
☐ Dependent (over age 26) returning to school full time

*These forms can be found on the University Benefits website here: https://hr.uiowa.edu/benefits/forms

Individual(s) involved in the above event:

Name: ____________________________  Date event occurred: ____________________________

Name: ____________________________  Date event occurred: ____________________________

Changes permitted are limited to those consistent with the reason for the change. Changes will take effect the first day of the month after the event, except in the case of birth or adoption when the benefit change takes effect the first day of the month in which the event occurs.

I understand that in order for this change to be effective it must be made within 30 days of the date of the event (60 days for birth or adoption) and I must go to Employee Self Service to complete this request and finish my enrollment for the qualifying event above. This request will be subject to any changes or limitations mandated by federal law concerning the affected agreement.

Under the penalties of perjury, I declare that the information I have furnished above, to the best of my knowledge and belief, is true, correct and complete. I understand the University of Iowa reserves the right to require documentation to substantiate a dependent’s eligibility status at any time.

Signature: ____________________________  Date: ____________________________

The University of Iowa requests the above information for the purpose of enrolling you in the insurance programs and flexible spending accounts. Individuals outside the University employed by the companies who supply and administer the University benefits will have access to this information. No other persons outside of the University are routinely provided this information. Responses to all items are required. If you fail to provide the required information, the University may deny the respected benefit or complete the information to the best of its ability.

University Benefits
120 University Services Building
Iowa City, IA 52242-1911
Email: benefits@uiowa.edu
Fax: (319) 335-2776

© The University of Iowa, 2017
[Revised 09/17]
[08-843]