Mindlance, Inc.

Life Event Change Form

Directions:

- Complete Sections 1, 2, 3, and 4.
- If you are changing dependent coverage, you must complete section 5.
- Sign and Date the form.
- Mail or Fax your completed form as directed on the back of this form.

Please note that if you fail to provide notification within 31 days of a qualified life event, you may not be able to enroll yourself or your dependents, or change your current elections unless there is an Open Enrollment Period.

1. EMPLOYEE INFORMATION

Name:		*Social Security #:*	*Date of Birth:*
Address:		*Daytime Phone #:*	*Evening Phone #:*
City:	*State:* *Zip:*		*Gender (m/f):*

2. LIFE EVENT (please check ✓)

☐	Address Change Only	☐	Birth or Adoption of Child
☐	Marriage	☐	Child Eligible (Foster Child / Court Order)
☐	Divorce / Legal Separation	☐	Child Now Ineligible (Child Reaching Limiting Age)
☐	Death of Dependent	☐	Loss of Other Health Coverage

3. DATE OF LIFE EVENT	*Month:*	*Day:*	*Year:*

4. NEW ENROLLMENT or CHANGES to CURRENT COVERAGE: Costs listed as bi-weekly amounts (please check ✓)

	BasicAdvantage Total (BAT) Plan	Essential Plan *
Yourself Only	☐ $78.46	☐ $9.23
Yourself and Spouse	☐ $125.54	☐ $13.80
Yourself and Children	☐ $125.54	☐ $25.90
Yourself and Family	☐ $169.38	☐ $32.94
DECLINE COVERAGE	☐	☐

* The costs shown may include amounts paid for Affordable Care Act taxes and fees that are in addition to the Essential plan's premium.

(over)

Information on Dependent(s) to be added or deleted under the following Plan(s):

5. DEPENDENT INFORMATION **Change my dependent(s) coverage as follows: (please check ✓)**

Add	Delete	Name (first and last)	Relationship (spouse/child)	Date of Birth (mm/dd/yyyy)	SSN	Gender (m/f)	BAT Plan	Essential Plan
☐	☐						☐	☐
☐	☐						☐	☐
☐	☐						☐	☐
☐	☐						☐	☐
☐	☐						☐	☐
☐	☐						☐	☐

I hereby declare the information that I provided on this form is accurate and complete. I wish to participate in the benefit plan(s) that I've selected above and I authorize my employer to deduct, on a pretax basis, the necessary contributions from my paycheck.

Employee Signature Date

Please complete this form, sign/date, and mail or fax to:

Mindlance, Inc.
Attn: Alyssa Wagner
1095 Morris Avenue, #101
Union, NJ 07083

Fax: 201-386-0553

RESERVED FOR RSL ADMINISTRATOR
Date Received: