Employee Benefit Change Form
Transit ATU 587 EMPLOYEES 2024

King County

Important Information—READ FIRST

- Use this form to make benefit changes. Complete only the sections of the form pertaining to your requested changes.
- To request a change due to a qualifying life event, return this form and required documentation within 30 days of the event (60 days for a newborn or adopted child). The only other time you can change medical, dental, or vision coverage is during annual Open Enrollment.
- For marriage, divorce, birth, adoption, or loss of coverage events, you can make benefit changes online from any device: Sign in to PeopleSoft at ess.kingcounty.gov, select the Benefits tile, go to Life Events, then choose your life event.
- For more information, go to KingCounty.gov/Benefits or contact the Benefits team: 206-684-1556 or kc.benefits@kingcounty.gov.

A. Employee Information

Last Name	First Name	MI	Birthdate
Employee ID	Phone	Email	

B. Request Type

Reason for action	Action	Participant
Date of Event: _____ ☐ Birth, adoption, or legal placement of child ☐ Change in employment status ☐ Child no longer eligible ☐ Death ☐ Loss of other coverage ☐ Marriage, divorce, legal separation, end of domestic partnership ☐ Other: _____	☐ Add coverage ☐ Remove coverage ☐ Change coverage due to a qualifying event	☐ Employee ☐ Spouse/Domestic Partner ☐ Child(ren) For an adult child age 23-26, please call the Benefits Office or use this form: Adult Child Enrollment

C. Family Member Information

If you are making benefit coverage changes for your spouse, state-registered domestic partner (DP), biological/stepchild, domestic partner child, adopted child, legal ward, provide their information below.

Is your spouse/domestic partner a King County employee? ☐ Yes ☐ No

Relation	Full Legal Name	Social Security #	Birthdate	Gender

D. Medical Plans and Benefit Access Fees

You can change coverage after a qualifying life event. You must elect a medical plan for yourself to cover family members.

Medical Plans	Coverage Levels and Monthly Cost for Full Benefits Employees Part-time Partial benefit costs: Go to KingCounty.gov/Benefit-Costs
☐ Smart Care Connect (Kaiser) ☐ KingCare℠ PPO (Regence) KingCare Select (Regence): ☐ KingCare Select: Eastside Health Network ☐ KingCare Select: MultiCare Connected Care™ ☐ KingCare Select: UW Medicine ☐ KingCare Select: Virginia Mason Franciscan Health	☐ Employee only ($0) ☐ Employee + spouse/domestic partner (DP) ($0) ☐ Employee + children ($0) ☐ Employee + spouse/DP + children ($0) ☐ Remove all medical coverage and receive an additional $65 in monthly pay because I am covered under another medical plan (does not apply to employees on the Part-time Partial Benefit Plan). *Submit a copy of your medical plan ID card.*

Benefit Access Fees

If you cover a spouse/domestic partner and you choose the KingCare PPO medical plan, a monthly fee automatically applies. If you qualify for an exemption, you can discontinue the fee. Fees paid are non-refundable. **Select one option only:**

☐ I am electing the KingCare PPO medical plan and agree to pay the $150 monthly Benefit Access Fee to cover my spouse/domestic partner who has access to medical coverage through their own employer:

☐ I qualify for the following **exemption** to the Benefit Access Fee and wish to discontinue the fee:

- ☐ My spouse/domestic partner doesn't have other medical coverage through an employer.
- ☐ I chose the KingCare Select or Kaiser Smart Care medical plan.
- ☐ I don't have a spouse/domestic partner or I'm not covering my spouse/domestic partner.
- ☐ My spouse/domestic partner has become a King County benefits-eligible employee.

E. Dental Plans

You can change coverage after a qualifying life event. You must elect a dental plan for yourself to cover family members.

Dental Plans	Coverage Levels and Monthly Cost for Full Benefits Employees Part-time Partial benefit costs: Go to KingCounty.gov/Benefit-Costs
☐ Delta Dental ☐ Cigna Dental HMO	☐ Employee only ($0) ☐ Employee + spouse/domestic partner (DP) ($0) ☐ Employee + children ($0) ☐ Employee + spouse/DP + children ($0) ☐ Remove dental coverage for family members only

F. Vision Plan

You can change coverage after a qualifying life event. You must elect a vision plan for yourself to cover family members.

Vision Plan	Coverage Levels and Monthly Cost for Full Benefits Employees Part-time Partial benefit costs: Go to KingCounty.gov/Benefit-Costs
☐ VSP	☐ Employee only ($0) ☐ Employee + spouse/domestic partner (DP) ($0) ☐ Employee + children ($0) ☐ Employee + spouse/DP + children ($0) ☐ Remove vision coverage for family members only

G. Flexible Spending Accounts (FSAs)

You can enroll or change your contribution if you experience a qualifying life event. Your new election amount cannot be lower than the amount you already contributed.

FSA Plan	Action
Health Care FSA	☐ Enroll or Change Annual Election: Current Election: $_____ New Election: $_____ (min: $300, max: $3,050)
Day Care FSA	☐ Enroll or Change Annual election: Current Election: $_____ New Election: $_____ (min: $300, max: $5,000)

H. Supplemental Life Insurance

Only the following life events allow you to add or increase your coverage: Marriage, establish a new state-registered domestic partnership, and birth or adoption of a child. You can always decrease or discontinue coverage. To see the monthly costs for your age and benefit group, go to KingCounty.gov/Benefit-Costs.

☐ Add or change my coverage:

Full-time Full Benefits employees: ☐ 1x ☐ 2x ☐ 3x ☐ 4x ☐ 5x ☐ 6x Annual Salary (max $750,000)

Part-time Full and Part-time Partial Benefits employees: ☐ 25,000 ☐ $50,000 ☐ $75,000 ☐ $100,000

☐ Enroll spouse/domestic partner in 50% of my supplemental amount; up to $200,000 for Full-time and Part-time Full Benefits employees and up to $100,000 for Part-time Partial Benefits employees.

☐ Enroll new child in $10,000 coverage

☐ Discontinue my current coverage (this also discontinues any coverage you have for family members)

☐ Discontinue coverage for my spouse/domestic partner

☐ Discontinue coverage for all children

I. Supplemental Accidental Death and Dismemberment (AD&D) Insurance

Only the following life events allow you to add or increase your coverage: Marriage, establish a new state-registered domestic partnership, birth or adoption of a child. You can always decrease or discontinue coverage. To see the monthly costs for your age and benefit group, go to KingCounty.gov/Benefit-Costs.

☐ Add/change my coverage to: ☐ $50,000 ☐ $100,000 ☐ $150,000 ☐ $200,000 ☐ $250,000
☐ $300,000 ☐ $350,000 ☐ $400,000 ☐ $450,000 ☐ $500,000

☐ Enroll spouse/domestic partner in 50% of my supplemental amount

☐ Enroll spouse/domestic partner in 100% of my supplemental amount

☐ Enroll new child in 10% of my supplemental amount

☐ Discontinue my current coverage (this also discontinues any coverage you have for family members)

☐ Discontinue coverage for my spouse/domestic partner

☐ Discontinue coverage for all children

J. Required Documentation

To enroll family members, you MUST attach a copy of the documentation listed below. They won't be enrolled in coverage if these documents aren't received. To enroll a spouse, you must include a marriage certificate AND proof of shared financial obligation and responsibility—e.g., joint mortgage or residential lease; joint bank account; or liability, such as a credit card or car lease. If a marriage was established in the last 30 days, proof of shared financial obligation is not required.

Family member	Certified marriage certificate	Proof of shared financial obligation	Washington state Domestic partner certificate	Divorce decree	Birth certificate	Adoption certificate	Proof of Placement	Court order or decree	Proof of loss of other coverage
Spouse	■	■							
Divorced spouse				■					
Domestic Partner			■						
Child: Natural					■				
Child: Adopted						■			
Child: Placed for Adoption							■		
Child: Legal Guardianship or Medical Support Order (Up to Age 19)								■	
Stepchild: Spouse	■				■				
Stepchild: Dom. Partner			■		■				
Family member who has lost other coverage	In addition to the above documents required for the family member.								■

K. Acknowledgement and Authorization

I have read and understood the employee guide and any costs associated with my benefit elections. The information I have provided on this form is accurate and complete. I authorize King County to make any necessary payroll deductions for my elected benefits. I understand that willful falsification of information on this form may lead to disciplinary action, up to and including discharge from employment. I understand the Benefit Access Fee applies automatically each year. If I'm adding a domestic partner or their child(ren), I understand deductions based on the taxable value of their benefits will be deducted from my paycheck. I understand it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Employee Signature	Date

Email completed form and required documentation to the Benefits office: kc.benefits@kingcounty.gov.

Office use only	Date received:	Req. docs received:	Processed by:	Audited by:	Date effective:

Revised: 03142024