

## Life/AD&D Change



**King County**

Benefits, Payroll and  
Retirement Operations

- Submit this form **within 30 days** after a qualifying life event to change your supplemental life/accidental death and dismemberment (AD&D) insurance coverage. To find out what qualifying life events allow you to change life/AD&D coverage and its cost, call Benefits, Payroll and Retirement Operations at 206-684-1556 or go to [kingcounty.gov/audience/employees/benefits/enrollment-changes.aspx](http://kingcounty.gov/audience/employees/benefits/enrollment-changes.aspx)
- Submit this form with an Add Dependent form to Benefits, Payroll and Retirement Operations, The Chinook Building CNK-HR-0230, 401 Fifth Ave., Seattle 98104-2333 or email a scanned copy to [kc.benefits@kingcounty.gov](mailto:kc.benefits@kingcounty.gov).

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Birthdate \_\_\_\_\_

Employee ID \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Indicate changes to supplemental life insurance

In general, if coverage is available under your plan, you may add, increase, decrease or discontinue supplemental life insurance when you marry, establish a new domestic partnership or your child first becomes eligible for coverage. Please indicate any changes you would like to make to your supplemental life insurance below.

- ☐ Add or change my coverage: 1–6 x Annual Salary, up to \$750,000: \_\_\_\_\_
- ☐ Enroll spouse/domestic partner in 50% of my supplemental amount, up to \$200,000
- ☐ 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 my child(ren)

### Indicate changes to supplemental AD&D insurance

In general, if coverage is available under your plan, you may add, increase, decrease or discontinue supplemental AD&D insurance when you marry, establish a new domestic partnership or your child first becomes eligible for coverage. Please indicate any changes you would like to make to your supplemental AD&D insurance below.

- ☐ Add or change my coverage: \$50,000–500,000 in \$50,000 increments: \_\_\_\_\_
- ☐ 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 coverage (this also discontinues any coverage you have for family members)
- ☐ Discontinue coverage for my spouse/domestic partner
- ☐ Discontinue coverage for my child(ren)

### Required Documentation

You **MUST** attach a copy of the following documents to enroll family members.

- ☐ I am enrolling my spouse/domestic partner and have included my marriage certificate/certificate of state-registered domestic partnership AND proof of shared obligation and responsibility—e.g., joint mortgage or residential lease; joint bank account; or liability, such as a credit card or car lease.
- ☐ I am enrolling my child and have included a birth certificate or adoption, placement, or custody documentation.

**Indicate Provide information about your family members**

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

Relation	Full Legal Name	Social Security #	Birthdate	Gender	Office Use Only Verified/Date
					<input type="checkbox"/> _____
					<input type="checkbox"/> _____
					<input type="checkbox"/> _____
					<input type="checkbox"/> _____

**Acknowledgement and Authorization**

I have read and understood the employee guide. 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 retroactive to the coverage start date. 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office use only	Date received: _____	Processed by: _____	Audited by: _____	Date effective: _____
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