

## Life Event / Family Status Changes

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There are several life events that may affect your insurance coverage, human resources information, as well as other professional and personal records. The following information is designed to help guide you through the **required** changes and actions as well as optional changes and considerations you may want to make following a life event and/or a family status change.

Please select the type of event from the list below for specific information:

- [Addition of a Domestic Partner](#)
- [Child Graduating from High School or Attending/Graduating College](#)
- [Death of a Dependent](#)
- [Divorce or Legal Separation](#)
- [Marriage](#)
- [Marriage of a Dependent](#)
- [Name Change](#)
- [New Child \(Birth, Adoption, New Step-Child\)](#)
- [Spouse/Dependent Loss of Benefits](#)
- [Termination of Domestic Partnership](#)

## Addition of a Domestic Partner

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If you have recently added a domestic partner to your family, there are **no required** changes; however, below are some optional changes and considerations that you may want to make. Please visit the Domestic Partner Information page for eligibility requirements and additional information.

OPTIONAL Changes	Actions/Required Forms *Submit ALL completed forms to HR*	Additional Information
Add partner as a DEPENDENT	Complete online form on <a href="#">Dependent Page</a>	This action updates City of Kirkland internal records.
Add partner to MEDICAL, VISION, DENTAL* plans  (*All but Teamsters)	<a href="#">AWC Affidavit of Marriage/Domestic Partnership</a>  <a href="#">AWC Combined Enrollment Form</a>	Your partner will be covered the first of the month following the date of eligibility. Any applicable premiums are due the first of the month coverage begins.
Add partner to TEAMSTER DENTAL	<a href="#">Teamsters Dental Enrollment Form</a>	This benefit is only available on a reimbursement basis. Contact HR for details.
Add partner as a BENEFICIARY to STANDARD LIFE	<a href="#">Standard Insurance Enrollment/Change Form</a>	
Add partner as a BENEFICIARY to SUPPLEMENTAL LIFE	<a href="#">AUL Beneficiary Form</a>	This is a voluntary benefit. Only submit a beneficiary form if you are currently participating in the program.
Add partner as a BENEFICIARY to MEBT	<a href="#">MEBT Beneficiary Form</a>	
Add partner as a BENEFICIARY to PERS/LEOFF	<a href="#">DRS Beneficiary Form</a>	
Add partner as a BENEFICIARY to ICMA (457 Deferred Compensation Plan)	<a href="#">IMCA Employee Information Change Form</a>	This is a voluntary benefit. Only submit a beneficiary form if you are currently participating in the program.
Change FEDERAL INCOME TAX Withholdings	Update W4 on <a href="#">Federal Tax Page</a>	
Add a new EMERGENCY CONTACT	Complete online form on <a href="#">Emergency Contact Information Page</a>	
Change HOME ADDRESS	Complete online form on <a href="#">Home Address Page</a>	
Change NAME	Go to <a href="#">Name Change Page</a> for required steps	

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### Other Considerations

- You may wish to add your domestic partner to financial institution accounts and/or change your bank accounts to “joint accounts” to provide access to both partners.
- Review and make appropriate changes in all insurance policies, stocks, bonds and other property documents. You may wish to make your domestic partner the new beneficiary or joint owner.
- If the partnership involves a change in name and/or address, various offices should be notified, including motor vehicle and licensing departments, Social Security and post offices, voter-registration officials, and creditors.
- You may wish to retain the services of an attorney regarding legal and financial considerations and/or a CPA regarding tax and accounting matters.

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## Child Graduating from High School or Attending/Graduating College

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If your child will be graduating from high school, attending college, or graduating from college, below are some changes and actions that are **required** along with additional changes and considerations that are optional.

REQUIRED Changes	Actions/Required Forms *Submit ALL completed forms to HR*	Additional Information
<p>Drop child as a DEPENDENT</p> <p><b>REQUIRED</b> if child ceases to qualify as a dependent.</p>	<p>Complete online form on <a href="#">Dependent Page</a></p>	<p>This action updates City of Kirkland internal records.</p>
<p>Drop child from MEDICAL, VISION, DENTAL* plans</p> <p>(*All but Teamsters)</p> <p><b>REQUIRED</b> if child ceases to qualify as a dependent.</p>	<p><a href="#">AWC Combined Enrollment Form</a></p>	<p>A child can be covered until they are 19. Once a child turns 19, he/she <b>must</b> be taken off the plan the first of the month following his/her 19th birthday, <b>unless</b> the child is a full time student at an accredited college or university.</p> <p>Full time college students may stay on your coverage until their 23rd birthday. The child <b>must</b> be taken off the first of the month following a change in full time status (change to part-time status or graduation) or the first of the month following their 23rd birthday. Full-time students are allowed to take Summer breaks and retain benefits.</p> <p>A child can also remain on the insurance after age 19 if the child is permanently disabled or if the child is primarily dependent on you. Contact HR for further clarification.</p> <p><b>Your child MUST be dropped from coverage within 30 days of a qualifying event.</b></p>
<p>Drop child from TEAMSTER DENTAL</p> <p><b>REQUIRED</b> if child</p>	<p><a href="#">Teamsters Dental Enrollment Form</a></p>	<p>See above for qualifications.</p> <p><b>Your child MUST be</b></p>

ceases to qualify as a dependent.		<b>dropped from coverage within 30 days of a qualifying event.</b>
Notify COBRA ADMINISTRATOR of change in status  <b>REQUIRED</b> if you are dropping a child from coverage.	<a href="#">COBRA Notice to Administrator Spouse/Dependents</a>	In order for your child to be eligible for continued coverage under COBRA, you <b>must</b> inform the Plan Administrator <b>within 60 days</b> of the qualifying event (attainment of age, student status).

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<b>OPTIONAL Changes</b>	<b>Actions/Required Forms</b> *Submit ALL completed forms to HR*	<b>Additional Information</b>
Revoke or make an election change in FLEXIBLE SPENDING ACCOUNT  (Currently available only to AFSMCE, MAC, Non-Commissioned Police, IAFF)	<a href="#">FSA Change in Status Form</a>	<b>You have 30 days from the date of a qualifying event (attainment of age, student status) to submit changes for the current Plan Year.</b>  If you revoke or change elections, only expenses incurred on or before the change date are eligible for reimbursements. Expenses incurred after the date of change will be eligible for reimbursement under the new election amount for the remainder of the Plan Year.
Change FEDERAL INCOME TAX Withholdings	Update W4 on <a href="#">Federal Tax Page</a>	
Change DEPENDENT'S ADDRESS	Complete online form on <a href="#">Home Address Page</a>	

**Other Considerations**

- Review and make appropriate changes in all insurance policies.
- If the your child will be moving to a new address, various offices should be notified, including motor vehicle and licensing departments, Social Security and post offices, voter-registration officials, and creditors.

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## Death of a Dependent

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If you have recently had a death in your family, let us first offer our condolences. Below are some changes and actions that are **required** along with additional changes and considerations that are optional. During this difficult time you may also want to speak with a counselor through our Employee Assistance Program (EAP) at 800-570-9315. In addition to grief counseling, the EAP also offers guidance and/or referrals regarding legal matters. The EAP is available to you and all members of your household.

<b>REQUIRED Changes</b>	<b>Actions/Required Forms</b> *Submit ALL completed forms to HR*	<b>Additional Information</b>
Remove as a DEPENDENT	Complete online form on <a href="#">Dependent Page</a>	This action updates City of Kirkland internal records.
Drop dependent from MEDICAL, VISION, DENTAL* plans  (*All but TeamsterS)	<a href="#">AWC Combined Enrollment Form</a>	The effective date of change will be the first of the month following the date of death.
Drop dependent from TEAMSTER DENTAL	<a href="#">Teamsters Dental Enrollment Form</a>	
Remove dependent as a BENEFICIARY to STANDARD LIFE	<a href="#">Standard Insurance Enrollment/Change Form</a>	
Remove dependent as a BENEFICIARY to SUPPLEMENTAL LIFE	<a href="#">AUL Beneficiary Form</a>	This is a voluntary benefit. Only submit a beneficiary form if you are currently participating in the program.
Remove dependent as a BENEFICIARY to MEBT	<a href="#">MEBT Beneficiary Form</a>	
Remove dependent as a BENEFICIARY to PERS/LEOFF	<a href="#">DRS Beneficiary Form</a>	
Remove dependent as a BENEFICIARY to ICMA (457 Deferred Compensation Plan)	<a href="#">ICMA Employee Information Change Form</a>	This is a voluntary benefit. Only submit a beneficiary form if you are currently participating in the program.

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<b>OPTIONAL Changes</b>	<b>Actions/Required Forms</b> *Submit ALL completed forms to HR*	<b>Additional Information</b>
Revoke or make an election change in FLEXIBLE SPENDING ACCOUNT	<a href="#">FSA Change in Status Form</a>	<b>You have 30 days from the date of a qualifying event (attainment of age, student status) to submit changes for the current Plan Year.</b>

(Currently available only to AFSMCE, MAC, Non-Commissioned Police, IAFF)		If you revoke or change elections, only expenses incurred on or before the change date are eligible for reimbursements. Expenses incurred after the date of change will be eligible for reimbursement under the new election amount for the remainder of the Plan Year.
Change FEDERAL INCOME TAX Withholdings	Update W4 on <a href="#">Federal Tax Page</a>	
Add a new EMERGENCY CONTACT	Complete online form on <a href="#">Emergency Contact Information Page</a>	

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### Other Considerations

- You may want to order copies of the death certificate so that you have these documents on hand when you apply for any life insurance benefits or financial accounts. Funeral directors typically can handle this task for you, or you can contact the health department in the county where your family member lived. If the death occurred in the State of Washington, you can contact the WA State Center for Health Statistics at (360) 236-4313 for ordering information.
- Locate all life insurance policies and investigate the steps to file a claim. If you are participating in the City's Voluntary Supplemental Life program and your family member was insured, you will need to submit an AUL Group Dependent Insurance Proof of Death to Human Resources to file a claim. You may need to meet with a life insurance agent to collect proceeds or consider options.
- Advise Social Security, Medicaid or other agencies as appropriate.
- Investigate employee benefits including accrued vacation pay, death benefits, final wages, retirement plans, deferred compensation, and medical reimbursements.
- You may wish to retain the services of an attorney regarding estate matters and/or a CPA regarding tax and accounting matters.
- Review and make appropriate changes in all insurance policies, stocks, bonds and other property documents.
- Review credit cards and charge accounts and cancel as appropriate.
- If a Trust is involved, arrange for any allocations and transfers.
- Arrange for final income tax return and estate tax return, as necessary.

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## Divorce or Legal Separation

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If you have recently gone through a divorce or legal separation, below are some changes and actions that are **required** along with additional changes and considerations that are optional. During this difficult time you may also want to speak with a counselor through our Employee Assistance Program (EAP) at 800-570-9315. In addition to relationship counseling, the EAP also offers guidance and/or referrals regarding legal matters. The EAP is available to you and all members of your household.

REQUIRED Changes	Actions/Required Forms *Submit ALL completed forms to HR*	Additional Information
Remove spouse as a DEPENDENT	Complete online form on <a href="#">Dependent Page</a>	This action updates City of Kirkland internal records.
Drop spouse from MEDICAL, VISION, DENTAL* plans  (*All but Teamster)	<a href="#">AWC Combined Enrollment Form</a>	Once you are divorced/legally separated, your ex-spouse/spouse ceases to qualify for coverage under the provisions of the health plan.  <b>Ex-spouse MUST be dropped from coverage within 30 days of the date of divorce/legal separation.</b>  The effective date of change will be the first of the month following the date of divorce.
Drop spouse from TEAMSTER dental <b>REQUIRED</b> if child ceases to qualify as a dependent.	<a href="#">Contact Human Resources</a>	See above for qualifications.
Notify COBRA ADMINISTRATOR of change in status  <b>REQUIRED</b> if you are dropping a spouse or child from coverage.	<a href="#">COBRA Notice to Administrator Spouse/Dependents</a>	In order for your ex-spouse to be eligible for continued coverage under COBRA, you <b>must</b> inform the Plan Administrator <b>within 60 days</b> of the date of divorce.

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OPTIONAL Changes	Actions/Required Forms *Submit ALL completed forms to HR*	Additional Information
Remove spouse as a BENEFICIARY to STANDARD LIFE	<a href="#">Standard Insurance Enrollment/Change Form</a>	
Remove spouse as a	<a href="#">AUL Beneficiary Form</a>	This is a voluntary benefit.

BENEFICIARY to SUPPLEMENTAL LIFE		Only submit a beneficiary form if you are currently participating in the program.
Remove spouse as a BENEFICIARY to MEBT	<a href="#">MEBT Beneficiary Form</a>	
Remove spouse as a BENEFICIARY to PERS/LEOFF	<a href="#">DRS Beneficiary Form</a>	
Remove spouse as a BENEFICIARY to ICMA (457 Deferred Compensation Plan)	<a href="#">ICMA Employee Information Change Form</a>	This is a voluntary benefit. Only submit a beneficiary form if you are currently participating in the program.
Revoke or make an election change in FLEXIBLE SPENDING ACCOUNT  (Currently available only to AFSMCE, MAC, Non-Commissioned Police, IAFF)	<a href="#">FSA Change in Status Form</a>	<b>You have 30 days from the date of divorce to submit changes for the current Plan Year.</b>  If you revoke or change elections, only expenses incurred on or before the change date are eligible for reimbursements. Expenses incurred after the date of change will be eligible for reimbursement under the new election amount for the remainder of the Plan Year.
Change FEDERAL INCOME TAX Withholdings	Update W4 on <a href="#">Federal Tax Page</a>	
Add a new EMERGENCY CONTACT	Complete online form on <a href="#">Emergency Contact Information Page</a>	
Change ADDRESS	Complete online form on <a href="#">Home Address Page</a>	
Change NAME	Go to <a href="#">Name Change Page</a> for required steps	

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### Other Considerations

- You may wish to order a copy of the divorce certificate for your records. If the divorce was finalized in the State of Washington, you can contact the WA State Center for Health Statistics at (360) 236-4313 for ordering information.
- You may want to instruct creditors to remove your name from or, alternatively, close all joint accounts. If you wish to maintain credit with certain creditors, separate accounts can be opened.
- Review and make appropriate changes in all insurance policies, stocks, bonds and other property documents.

- If the divorce involves a change in name and/or address, various offices should be notified, including motor vehicle and licensing departments, Social Security and post offices, voter-registration officials, and creditors.
- You may wish to retain the services of an attorney regarding legal and financial considerations and/or a CPA regarding tax and accounting matters.

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## Marriage

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If you have recently been married, congratulations! Below are some changes and actions that are **required** along with additional changes and considerations that are optional.

REQUIRED Changes	Actions/Required Forms *Submit ALL completed forms to HR*	Additional Information
Change NAME	Go to <a href="#">Name Change Page</a> for required steps	<b>REQUIRED</b> if you are changing your name as a result of the marriage.

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OPTIONAL Changes	Actions/Required Forms *Submit ALL completed forms to HR*	Additional Information
Add spouse as a DEPENDENT	Complete online form on <a href="#">Dependent Page</a>	This action updates City of Kirkland internal records.
Add spouse to MEDICAL, VISION, DENTAL* plans  (*All but Teamsters)	<a href="#">AWC Affidavit of Marriage/Domestic Partnership</a>  <a href="#">AWC Combined Enrollment Form</a>	<b>Your spouse must be enrolled within 30 days of the date of marriage.</b>  The effective date of coverage will be the first of the month following the date of marriage. Any applicable premiums are due the first of the month coverage begins.
Add spouse to TEAMSTER DENTAL	<a href="#">Teamsters Dental Enrollment Form</a>	
APPLY for SUPPLEMENTAL LIFE	<a href="#">AUL Enrollment Form</a>	This is a voluntary benefit and employees pay 100% of the premiums. You may apply for coverage for yourself and/or your spouse. Children (age 6 months to 19 years or to 24 for full time student) are automatically covered for \$5,000 (\$500 age 14 days to 6 months) provided your spouse applies or if you are a single parent. <b>Enrollment form must be completed and submitted within 31 days of the date of marriage.</b>  Employee coverage will be effective the date you are approved, provided you are

		<p>actively at work. Spouse and child coverage will be effective on the date approved, provided you are free from hospital confinement.</p> <p>For additional information on coverage and rates, please contact Human Resources for a brochure.</p>
Add spouse as a BENEFICIARY to STANDARD LIFE	<a href="#">Standard Insurance Enrollment/Change Form</a>	
Add spouse as a BENEFICIARY to SUPPLEMENTAL LIFE	<a href="#">AUL Beneficiary Form</a>	This is a voluntary benefit. Only submit a beneficiary form if you are currently participating in the program.
Add spouse as a BENEFICIARY to MEBT	<a href="#">MEBT Beneficiary Form</a>	
Add spouse as a BENEFICIARY to PERS/LEOFF	<a href="#">DRS Beneficiary Form</a>	
Add spouse as a BENEFICIARY to ICMA (457 Deferred Compensation Plan)	<a href="#">IMCA Employee Information Change Form</a>	This is a voluntary benefit. Only submit a beneficiary form if you are currently participating in the program.
<p>Revoke or make an election change in FLEXIBLE SPENDING ACCOUNT</p> <p>(Currently available only to AFSMCE, MAC, Non-Commissioned Police, IAFF)</p>	<a href="#">FSA Change in Status Form</a>	<p><b>You have 30 days from the date of the marriage to submit changes for the current Plan Year.</b></p> <p>If you revoke or change elections, only expenses incurred on or before the change date are eligible for reimbursements. Expenses incurred after the date of change will be eligible for reimbursement under the new election amount for the remainder of the Plan Year.</p>
Change FEDERAL INCOME TAX Withholdings	Update W4 on <a href="#">Federal Tax Page</a>	
Add a new EMERGENCY CONTACT	Complete online form on <a href="#">Emergency Contact Information Page</a>	
Change HOME ADDRESS	Complete online form on <a href="#">Home Address Page</a>	

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### Other Considerations

- You may wish to order a copy of the marriage certificate for your records. If the marriage was performed in the State of Washington, you can contact the WA State Center for Health Statistics at (360) 236-4313 for ordering information.
- You may wish to add your spouse to financial institution accounts and/or change your bank accounts to "joint accounts" to provide access to both spouses.
- Review and make appropriate changes in all insurance policies, stocks, bonds and other property documents. You may wish to make your spouse the new beneficiary or joint owner.
- Your new spouse may have an interest in the life-insurance policies you owned prior to your marriage. Your new spouse's interest may conflict with your named beneficiaries and may override them in whole or in part. You should consult an attorney if you have any concerns.
- If the marriage involves a change in name and/or address, various offices should be notified, including motor vehicle and licensing departments, Social Security and post offices, voter-registration officials, and creditors.
- You may wish to retain the services of an attorney regarding legal and financial considerations and/or a CPA regarding tax and accounting matters.

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## Marriage of a Dependent

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If you have a dependent that has recently been married, congratulations! Below are some changes and actions that are **required** along with additional changes and considerations that are optional.

REQUIRED Changes	Actions/Required Forms *Submit ALL completed forms to HR*	Additional Information
Drop child as a DEPENDENT	Complete online form on <a href="#">Dependent Page</a>	This action updates City of Kirkland internal records.
Drop child from MEDICAL, VISION, DENTAL* plans  (*All but Teamster)	<a href="#">AWC Combined Enrollment Form</a>	Once your child is married, he/she ceases to qualify for coverage under the provisions of the health plan.  <b>Your child MUST be dropped from coverage within 30 days of a qualifying event.</b>  The effective date of change will be the first of the month following the date of marriage.
Drop child from TEAMSTER dental	<a href="#">Teamsters Dental Enrollment Form</a>	See above for qualifications.  <b>Your child MUST be dropped from coverage within 30 days of a qualifying event.</b>
Notify COBRA ADMINISTRATOR of change in status  <b>REQUIRED</b> if you are dropping a child from coverage.	<a href="#">COBRA Notice to Administrator Spouse/Dependents</a>	In order for your child to be eligible for continued coverage under COBRA, you <b>must</b> inform the Plan Administrator <b>within 60 days</b> of the qualifying event (marriage of dependent).

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OPTIONAL Changes	Actions/Required Forms *Submit ALL completed forms to HR*	Additional Information
Remove child as a BENEFICIARY to STANDARD LIFE	<a href="#">Standard Insurance Enrollment/Change Form</a>	
Remove child as a BENEFICIARY to SUPPLEMENTAL LIFE	<a href="#">AUL Beneficiary Form</a>	This is a voluntary benefit. Only submit a beneficiary form if you are currently participating in the program.
Remove child as a	<a href="#">MEBT Beneficiary Form</a>	

BENEFICIARY to MEBT		
Remove child as a BENEFICIARY to PERS/LEOFF	<a href="#">DRS Beneficiary Form</a>	
Remove child as a BENEFICIARY to ICMA (457 Deferred Compensation Plan)	<a href="#">ICMA Employee Information Change Form</a>	This is a voluntary benefit. Only submit a beneficiary form if you are currently participating in the program.
Revoke or make an election change in FLEXIBLE SPENDING ACCOUNT  (Currently available only to AFSMCE, MAC, Non-Commissioned Police, IAFF)	<a href="#">FSA Change in Status Form</a>	<b>You have 30 days from the date of dependent marriage to submit changes for the current Plan Year.</b>  If you revoke or change elections, only expenses incurred on or before the change date are eligible for reimbursements. Expenses incurred after the date of change will be eligible for reimbursement under the new election amount for the remainder of the Plan Year.
Change FEDERAL INCOME TAX Withholdings	Update W4 on <a href="#">Federal Tax Page</a>	

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### Other Considerations

- Review and make appropriate changes in all insurance policies, stocks, bonds and other property documents.
- If your dependent's marriage involves a change in name and/or address, various offices should be notified, including motor vehicle and licensing departments, Social Security and post offices, voter-registration officials, and creditors.

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## Name Change

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If you have recently changed your name, below are the **required** changes and actions. If this change is due to a marriage or divorce, you should refer to the Marriage Page or Divorce Page for additional changes and/or considerations.

REQUIRED Changes	Actions/Required Forms *Submit ALL completed forms to HR*	Additional Information
Change name with MEDICAL, VISION, DENTAL* plans  (*All but Teamster)	<a href="#">AWC Combined Enrollment Form</a>	<b>You MUST provide a copy of your Social Security Card to Human Resources with your new name before the name change will be approved.</b>
Change Name with TEAMSTER dental	<a href="#">Teamsters Dental Enrollment Form</a>	
Change Name with STANDARD LIFE	<a href="#">Standard Insurance Enrollment/Change Form</a>	
Change Name with SUPPLEMENTAL LIFE	<a href="#">AUL Name Change Form</a>	This is a voluntary benefit. Only submit a beneficiary form if you are currently participating in the program.
Change Name with MEBT	<a href="#">MEBT Enrollment / Change Form</a>	
Change Name with PERS/LEOFF	<a href="#">DRS Name / Address Change Form</a>	
Change Name with ICMA (457 Deferred Compensation Plan)	<a href="#">IMCA Employee Information Change Form</a>	This is a voluntary benefit. Only submit a beneficiary form if you are currently participating in the program.

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### Other Considerations

- Various offices should be notified, including motor vehicle and licensing departments, Social Security and post offices, voter-registration officials, and creditors.
- Review and make appropriate changes in all insurance policies, stocks, bonds and other property documents.

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## New Child

If you have recently added a new child to your family, congratulations! There are **no required** changes; however, below are some optional changes and considerations that you may want to make.

<b>OPTIONAL Changes</b>	<b>Actions/Required Forms</b> *Submit ALL completed forms to HR*	<b>Additional Information</b>
Add child as a DEPENDENT	Complete online form on <a href="#">Dependent Page</a>	This action updates City of Kirkland internal records.
Add child to MEDICAL, VISION, DENTAL* plans  (*All but Teamsters)	<a href="#">AWC Combined Enrollment Form</a>	<p><b>Newborn:</b> A newborn will be covered from his/her date of birth. <b>Enrollment form must be completed and submitted within 90 days of birth.</b> Any applicable premiums are due the first of the month following the date of birth.</p> <p><b>Adopted Child:</b> An adopted child will be covered from the date of placement. <b>Enrollment form must be completed and submitted within 90 days of the date of placement.</b> Any applicable premiums are due the first of the month following the date of birth.</p> <p><b>New Step-Child:</b> Step-child coverage begins the first of the month following the date of marriage. <b>Enrollment form must be completed and submitted within 30 days of the marriage.</b> Any applicable premiums are due the first of the month following the date of placement.</p>
Add child to TEAMSTER DENTAL	<a href="#">Teamsters Dental Enrollment Form</a>	
APPLY for SUPPLEMENTAL LIFE	<a href="#">AUL Enrollment Form</a>	This is a voluntary benefit and employees pay 100% of the premiums. You may apply for coverage for yourself and/or your spouse. Children (age 6 months to 19 years or to 24 for full time student) are

		<p>automatically covered for \$5,000 (\$500 age 14 days to 6 months) provided your spouse applies or if you are a single parent. <b>Enrollment form must be completed and submitted within 31 days of the date of birth.</b></p> <p>Employee coverage will be effective the date you are approved, provided you are actively at work. Spouse and child coverage will be effective on the date approved, provided you are free from hospital confinement.</p> <p>For additional information on coverage and rates, please contact Human Resources for a brochure.</p>
Add child as a BENEFICIARY to STANDARD LIFE	<a href="#">Standard Insurance Enrollment/Change Form</a>	
Add child as a BENEFICIARY to SUPPLEMENTAL LIFE	<a href="#">AUL Beneficiary Form</a>	This is a voluntary benefit. Only submit a beneficiary form if you are currently participating in the program.
Add child as a BENEFICIARY to MEBT	<a href="#">MEBT Beneficiary Form</a>	
Add child as a BENEFICIARY to PERS/LEOFF	<a href="#">DRS Beneficiary Form</a>	
Add child as a BENEFICIARY to ICMA (457 Deferred Compensation Plan)	<a href="#">IMCA Employee Information Change Form</a>	This is a voluntary benefit. Only submit a beneficiary form if you are currently participating in the program.
<p>Revoke or make an election change in FLEXIBLE SPENDING ACCOUNT</p> <p>(Currently available only to AFSMCE, MAC, Non-Commissioned Police, IAFF)</p>	<a href="#">FSA Change in Status Form</a>	<p><b>You have 30 days from the date of the qualifying event (birth, adoption, marriage) to submit changes for the current Plan Year.</b></p> <p>If you revoke or change elections, only expenses incurred on or before the change date are eligible for reimbursements. Expenses incurred after the date of change will be eligible for reimbursement under the new election amount for the remainder of the Plan Year.</p>

Change FEDERAL INCOME TAX Withholdings	Update W4 on <a href="#">Federal Tax Page</a>
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### Other Considerations

- For qualifying employees, you may wish to take FMLA leave if you have not already. Please visit the [Family Medical Leave Act Page](#) for specific information and eligibility requirements.
- You may want to order a copy of the birth certificate so that you have this document on hand when you apply for various benefits or financial accounts. If the birth occurred in the State of Washington, you can contact the WA State Center for Health Statistics at (360) 236-4313 for ordering information.
- Apply for a Social Security Card for your newborn.
- Review and make appropriate changes in all insurance policies, stocks, bonds and other property documents.
- You may wish to research day care options. Child Care Resources is a non-profit child care resource and referral agency serving King County Washington. You can visit their website for more information: <http://www.childcare.org>

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## Spouse / Dependent Loss of Benefits

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If you are currently a benefited employee and your spouse or dependent that is covered by another medical plan loses that coverage, there are **no required** changes; however, below are some optional changes and considerations that you may want to make.

OPTIONAL Changes	Actions/Required Forms *Submit ALL completed forms to HR*	Additional Information
Add spouse/dependent as a DEPENDENT	Complete online form on <a href="#">Dependent Page</a>	This action updates City of Kirkland internal records.
Add spouse/dependent to MEDICAL plan  (*All but Teamsters)	<a href="#">AWC Combined Enrollment Form</a>  <b>In order for the coverage to be approved, you MUST provide a letter from your spouse/dependent's employer to HR with details of the loss of benefits and the effective date.</b>	If your spouse or dependent loses medical coverage, he/she may be added to the City medical plan if enrolled by the 1st of the month following the loss of other coverage.  <b>Application for enrollment must be sent within 30 days of the loss of coverage.</b>  If your spouse/dependent is not added at that time, he/she will only be eligible for medical coverage at open enrollment.
Add spouse/dependent to VISION and DENTAL plans	<a href="#">Contact Human Resources</a> for information and eligibility	
Revoke or make an election change in FLEXIBLE SPENDING ACCOUNT  (Currently available only to AFSMCE, MAC, Non-Commissioned Police, IAFF)	<a href="#">FSA Change in Status Form</a>	<b>You have 30 days from the date of loss of coverage to submit changes for the current Plan Year.</b>  If you revoke or change elections, only expenses incurred on or before the change date are eligible for reimbursements. Expenses incurred after the date of change will be eligible for reimbursement under the new election amount for the remainder of the Plan Year.

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## Termination of Domestic Partnership

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If you have recently terminated your domestic partnership, below are some changes and actions that are **required** along with additional changes and considerations that are optional. During this difficult time you may also want to speak with a counselor through our Employee Assistance Program (EAP) at 800-570-9315. In addition to relationship counseling, the EAP also offers guidance and/or referrals regarding legal matters. The EAP is available to you and all members of your household.

REQUIRED Changes	Actions/Required Forms *Submit ALL completed forms to HR*	Additional Information
Remove partner as a DEPENDENT	Complete online form on <a href="#">Dependent Page</a>	This action updates City of Kirkland internal records.
Drop partner from MEDICAL, VISION, DENTAL* plans  (*All but Teamster)	<a href="#">AWC Combined Enrollment Form</a>	Once your domestic partnership is terminated, your ex-partner ceases to qualify for coverage under the provisions of the health plan.  <b>Your ex-partner MUST be dropped from coverage within 30 days of the date of termination of partnership.</b>  The effective date of change will be the first of the month following the date of termination of partnership.
Notify COBRA ADMINISTRATOR of change in status  <b>REQUIRED</b> if you are dropping a domestic partner from coverage.	<a href="#">COBRA Notice to Administrator Spouse/Dependents</a>	In order for your ex-partner to be eligible for continued coverage under COBRA, you <b>must</b> inform the Plan Administrator <b>within 60 days</b> of the date of termination of partnership.

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OPTIONAL Changes	Actions/Required Forms *Submit ALL completed forms to HR*	Additional Information
Remove partner as a BENEFICIARY to STANDARD LIFE	<a href="#">Standard Insurance Enrollment/Change Form</a>	
Remove partner as a BENEFICIARY to SUPPLEMENTAL LIFE	<a href="#">AUL Beneficiary Form</a>	This is a voluntary benefit. Only submit a beneficiary form if you are currently participating in the program.
Remove partner as a	<a href="#">MEBT Beneficiary Form</a>	

BENEFICIARY to MEBT		
Remove partner as a BENEFICIARY to PERS/LEOFF	<a href="#">DRS Beneficiary Form</a>	
Remove partner as a BENEFICIARY to ICMA (457 Deferred Compensation Plan)	<a href="#">ICMA Employee Information Change Form</a>	This is a voluntary benefit. Only submit a beneficiary form if you are currently participating in the program.
Revoke or make an election change in FLEXIBLE SPENDING ACCOUNT  (Currently available only to AFSMCE, MAC, Non-Commissioned Police, IAFF)	<a href="#">FSA Change in Status Form</a>	<b>You have 30 days from the date of termination of domestic partnership to submit changes for the current Plan Year.</b>  If you revoke or change elections, only expenses incurred on or before the change date are eligible for reimbursements. Expenses incurred after the date of change will be eligible for reimbursement under the new election amount for the remainder of the Plan Year.
Change FEDERAL INCOME TAX Withholdings	Update W4 on <a href="#">Federal Tax Page</a>	
Add a new EMERGENCY CONTACT	Complete online form on <a href="#">Emergency Contact Information Page</a>	
Change ADDRESS	Complete online form on <a href="#">Home Address Page</a>	
Change NAME	Go to <a href="#">Name Change Page</a> for required steps	

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### Other Considerations

- You may want to instruct creditors to remove your name from or, alternatively, close all joint accounts. If you wish to maintain credit with certain creditors, separate accounts can be opened.
- Review and make appropriate changes in all insurance policies, stocks, bonds and other property documents.
- If the termination of partnership involves a change in name and/or address, various offices should be notified, including motor vehicle and licensing departments, Social Security and post offices, voter-registration officials, and creditors.
- You may wish to retain the services of an attorney regarding legal and financial considerations and/or a CPA regarding tax and accounting matters.