

County of Gloucester
Human Resources Manual

CHAPTER:	5 - EMPLOYEE BENEFITS	ADOPTED: 3/7/06
SECTION:	1- HEALTH BENEFITS	REVISED: 5/22/24

**EXHIBIT A – NOTICE OF CHANGE
IN MEDICAL BENEFIT OR WAIVER STATUS**

Name: _____ Department: _____

If you have any questions or need assistance completing this form, please contact Human Resources at (856) 853-3264.

1. Choose one of the following changes in your dependent(s) benefit enrollment status:

Increase in Dependent(s)

Birth or Adoption
 Marriage or Civil Union

Decrease in Dependent(s)

Death
 Divorce or Dissolution of Civil Union
 Dependent reached age 26
 Insurance available through another source

2. Date of Occurrence: _____

3. Choose one of the following coverage options to show what coverage should be in effect after the change in dependent(s) status:

Remains the same
 Single (Employee Only)
 Parent/Child (Employee & Child)
 Family (Employee & 2 or more dependents)
 Husband & Wife/Civil Union
(Employee & Spouse/Partner)

Signature: _____ Date: _____

Please complete and return to Human Resources. Thank you!