

## NOTIFICATION BY EMPLOYEE/RETIREE OF QUALIFYING EVENT

This form is used to notify the State of Michigan of a qualifying event and the name(s) and address(es) of family members who will be removed from insurances. Retain a copy for your records. **EMPLOYEES ONLY** return the completed form to **MI HR SERVICE CENTER** or to your **Human Resource Office**. **RETIREEES** return the completed form to **Office of Retirement Services, P.O. BOX 30171, LANSING, MI 48909**.

**INSTRUCTIONS:** If this form is returned in a timely manner, the information will be used to notify the family members of their rights to continue insurance coverage(s). Please complete the top portion of this form and either Section I if you are recently divorced, or Section II if you have a dependent child no longer eligible. A portion of this information is protected by federal privacy laws and/or state confidentiality requirements.

PRINT OR TYPE

NAME OF EMPLOYEE/RETIREE (Last, First, MI)				SOCIAL SECURITY NO OF EMPLOYEE/RETIREE	
ADDRESS OF EMPLOYEE/RETIREE (City, State, Zip)				EMPLOYEE ID NUMBER	
I hereby notify the State of Michigan that the following event has occurred: <input type="checkbox"/> Divorce – Complete Section I <input type="checkbox"/> Dependent Child No Longer Eligible – Complete Section II					
SIGNATURE OF EMPLOYEE/RETIREE				DATE (MM/DD/YYYY)	
<b>SECTION I – DIVORCE (Include copy of Judgment of Divorce)</b>					
NAME OF SPOUSE				SOCIAL SECURITY NUMBER	
ADDRESS				DATE OF DIVORCE (MM/DD/YYYY)	
CITY	STATE	ZIP CODE	WORK PHONE	HOME PHONE	
Name(s) of Dependent Child(ren) being removed from coverage					
LAST	FIRST	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NO		
<b>SECTION II – DEPENDENT CHILD NO LONGER ELIGIBLE</b>					
NAME OF CHILD			DATE INELIGIBLE (MM/DD/YYYY)	SOCIAL SECURITY NO	
ADDRESS			REASON INELIGIBLE		
CITY	STATE	ZIP CODE	WORK PHONE	HOME PHONE	
DEPENDENT COVERED FOR LIFE TO AGE 23? YES <input type="checkbox"/> NO <input type="checkbox"/>			DELETE (CHECK ALL THAT APPLY) HEALTH <input type="checkbox"/> DENTAL <input type="checkbox"/> VISION <input type="checkbox"/> LIFE <input type="checkbox"/>		

**IMPORTANT NOTE: THIS FORM MUST BE RETURNED WITHIN 60 DAYS OF THE DATE OF THE EVENT**