

**STATE EMPLOYEE
DENTAL SOURCE CHANGE FORM**

| | | | | | |
|------------------------------------|--|-------------------------------|--|-------------------|--|
| Name (Last, First, MI) | | Social Security Number | | Dept. Name | |
| Street Address | | City | | State | |
| Date of Status Change Event | | Daytime Phone Number | | | |

CAFETERIA PLAN ELECTION:

Employees cannot stop or change deductions during the calendar year (other than open enrollment) unless he or she has a qualifying event. Any changes made to your Dental Source plan must be approved by ASI, Missouri State Cafeteria Plan Administrator. You must submit a copy of the cafeteria plan's approval letter along with this change form.

NON-CAFETERIA PLAN ELECTION:

Please contact your payroll department to insure your payroll deduction is stopped or changed.

| Change of Status Events: Please select all status change events that apply | |
|--|---|
| <input type="checkbox"/> Death of spouse/dependent <input type="checkbox"/> Divorce finalized <input type="checkbox"/> Marriage <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Residence change <input type="checkbox"/> Employment change of your spouse/dependent <input type="checkbox"/> New dependent care provider | <input type="checkbox"/> Gain/Loss of dependent due to age, military status, marriage, divorce, etc. <input type="checkbox"/> Gain/Loss of eligibility and coverage under Medicare/Medicaid <input type="checkbox"/> Court order (health coverage not your responsibility) <input type="checkbox"/> Court order (requiring health coverage) <input type="checkbox"/> Your employment ends or you retire |

| |
|---|
| Please Check One |
| <input type="checkbox"/> Cafeteria Plan |
| <input type="checkbox"/> Non Cafeteria Plan |

Employee's Signature
(Payroll/Personnel Officer may sign form if employee is no longer employed)

Day time phone

Date

** This payroll deduction program is not sponsored by the State and is not affiliated with the State MCHCP plans**

Mail to: Dental Source
101 Parklane Blvd Ste.301
Sugar Land, TX 77478
OR
Fax to: 832-415-0379