



Benefits – Remove Dependent Form
Snohomish County Human Resources

HR USE ONLY	
Benefits Effective Date	

Instructions

- Use this form to remove a dependent from your current healthcare and life insurance benefits.
- Review qualifying [Change in Status events](#) (i.e. divorce, etc.) online at www.snohomishcountywa.gov/benefits that will allow you to modify your benefits, and provide required documents that support changes.
- Ensure that Human Resources receives this form within 30 calendar days from your Change in Status.
 - Fax: 425-388-3579 (If you fax, it is recommended that you call HR to verify receipt and keep the fax transmission report.)
 - Mail: Snohomish County Human Resources | 3000 Rockefeller Avenue | Mailstop 503 | Everett, WA 98201
- Review your [Employee Self Service](#) account at <http://emss> (Intranet Link) and review your profile, dependents, and elections.
- Immediately report any benefits or personal information discrepancies to Human Resources.
- Be sure to check your pay stubs regularly to ensure that premiums are being paid as you have intended.
- Effective dates: Benefits will end on the last day of the month in which the qualifying Change in Status event occurred.
- Contact Human Resources for assistance: 425-388-3411 ext. 0 | human.resources@snoco.org

① Employee Information

Last Name	First Name	M.I.	Employee ID #
Department		Phone	

② Change Reason

<input type="checkbox"/> Open Enrollment Effective Date: April 1, 20_____	<input type="checkbox"/> Change of Status: Qualifying Event: _____ Date of Qualifying Event: _____
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③ Dependents Information

1	Last Name	First Name	M.I.	
	Social Security #	Birth Date	Relationship	
	Medical Insurance <input type="checkbox"/> Remove	Dental Insurance <input type="checkbox"/> Remove	Vision Insurance <input type="checkbox"/> Remove	Supplemental Life Insurance <input type="checkbox"/> Remove
2	Last Name	First Name	M.I.	
	Social Security #	Birth Date	Relationship	
	Medical Insurance <input type="checkbox"/> Remove	Dental Insurance <input type="checkbox"/> Remove	Vision Insurance <input type="checkbox"/> Remove	Supplemental Life Insurance <input type="checkbox"/> Remove

④ Medical Insurance	
Medical Plan	Eligible Employee Group
<input type="checkbox"/> Regence Plan A PPO; #10008695 <input type="checkbox"/> Regence Plan B PPO; #10008695 <input type="checkbox"/> Kaiser Permanente Core HMO; #1654800 (*JTDs: 1654900)	Non-represented employees (no union representation), Management & Exempt, AFSCME, Law Enforcement Support, Corrections Support, Clerk's Association, Corrections Support Supervisors, Corrections Sergeants/Lieutenants & Junior Taxing District Employees (*JTDs)
<input type="checkbox"/> Regence Select \$20 PPO; #10008695 <input type="checkbox"/> Regence Traditional PPO *no new enrollments <input type="checkbox"/> Kaiser Permanente Core HMO; #1655000	Sheriff Deputies, Sergeants, Lieutenants, & Captains; Airport Fire Fighters
<input type="checkbox"/> Regence Select \$17 PPO; #10008695 <input type="checkbox"/> Regence PPO \$200; #10008695 <input type="checkbox"/> Kaiser Permanente Core HMO; #1654700	Corrections Guild

⑤ Dental Insurance
<input type="checkbox"/> Delta Dental of WA PPO; #00444 <input type="checkbox"/> Delta Dental of WA DeltaCare; #00114 <input type="checkbox"/> Willamette Dental Group; #WA175

⑥ Vision Insurance
<input type="checkbox"/> VSP Vision

⑦ Authorization	
This information is true, correct and complete, and amends previously submitted information.	
Last Name	First Name
Signature	Date

To Be Completed by Human Resources							
HRIS Processing	Date:	<input type="checkbox"/> IBEL	<input type="checkbox"/> IBEN	<input type="checkbox"/> IECT	<input type="checkbox"/> IBRA	<input type="checkbox"/> IPSN	<input type="checkbox"/> IEID
Transmittal	Date:	<input type="checkbox"/> Regence	<input type="checkbox"/> KP	<input type="checkbox"/> Delta Dental	<input type="checkbox"/> Willamette	<input type="checkbox"/> Hartford (Supplemental Life)	<input type="checkbox"/> COBRA