Family Status Change Form

2023 2024 Plan Year

Employee Information			
Last Name	First Name	MI	HEB ID#
Email Address	Contact #		

Qualifying Event Change:

☐ Adoption/Legal Custody of Child ☐ Birth ☐ Death of Child ☐ Death of Spouse ☐ Divorce ☐ Marriage

☐ Loss of Coverage ☐ Medicare Eligible ☐ Other Coverage ☐ Over Aged Dependent (26)

Add ☐ Drop ☐ Add ☐ Drop ☐ Add ☐ Drop

All rates listed are semi-monthly

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ActiveCare Primary (PCP Required)			ActiveCare Primary+ (PCP Required)			ActiveCare HD - PPO			Scott & White - HMO		
EMP	☐	$118.00	EMP	☐	$158.00	EMP	☐	$125.00	EMP	☐	$185.98
EMP+SP	☐	$510.00	EMP+SP	☐	$591.00	EMP+SP	☐	$529.00	EMP+SP	☐	$638.45
EMP+CH	☐	$279.50	EMP+CH	☐	$347.50	EMP+CH	☐	$291.50	EMP+CH	☐	$367.84
FAMILY	☐	$671.50	FAMILY	☐	$780.50	FAMILY	☐	$695.00	FAMILY	☐	$751.93

Primary Care Physician	ActiveCare Primary (PCP ID#)	ActiveCare Primary+ (PCP ID#)
Employee		
Spouse		
Name		
Name		
Name		
Name		

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