

# Retiree Health Dependent Change Form

Cobb County Government

Retiree Name:

Retiree SSN#:

Mailing Address:

Phone #:

**Dependent Change:** Dependents may **only** be added or dropped **within 30 days of the eligibility period of a qualified family status change**. Check appropriate box below and submit with required documentation. **Important Note:** If you retired after 1/1/08, you can only re-add a dependent you had covered at the time of retirement. If you retired prior to 1/1/08 you may add an eligible dependent for any of the reasons listed below.

Qualified Family Status Change	REQUIRED DOCUMENTATION
Adoption, or Legal Guardianship of Child	<b>Adoption:</b> legal adoption papers. <b>Guardianship:</b> legal guardianship papers
Change in Marital Status	<b>Marriage:</b> copy of marriage certificate. <b>Divorce:</b> copy of front and back page of divorce decree
Change in employment/benefits (you or spouse)	Notice of hire or termination on employer letterhead / Notice of Benefit Changes
Death of spouse or dependent	Copy of death certificate
Dependent not qualified/ is qualified (over 19)	<b>Not Qualified</b> (over 19 not FT student): This form only. <b>Qualified</b> (over 19 is FT) School registration

### Revised Dependent Information

Last Name	First	MI	Self, Spouse, Son, Daughter Step Son, Step Daughter, etc	DOB	Drop	Add	Effective Date

Federal Law requires that extension of coverage (COBRA) be offered when dependent, not currently on Medicare, loses coverage.

Please provide current address for the dependent(s) above losing coverage.

Name:

Address:

Mail completed form to: Cobb County Human Resources- Benefits Division, 100 Cherokee Street, Suite 200 Marietta, Ga 30090-7006

Employee Signature	Date
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Please provide current email address: