

# Employee Change Kit

Please return completed forms to the Benefits Unit in the Human Resources Department. If you have questions regarding these forms please contact a member of the benefits/retirement unit as listed below. The following forms are used to:

**Membership & Record Change Form:**

Add or remove members from your Health, Dental and Vision coverage. *Be sure to include the required legal documents with this form.*

**Supplement to Membership & Record Change Form:**

Comply with Federal COBRA regulations when removing spouse and/or child(ren) from your Health, Dental or Vision coverage. Must accompany Membership & Record Change Form.

**Family Status Change Form:**

Make changes to your Natural Select choices due to a family status change. This change must comply with a permitted action listed on the "permitted actions" chart attached to this form. Is only used to change your coverages, not to add/remove members. Typically accompanies the Membership & Record Change Form.

**Aetna Life and Disability Enrollment/Change Request:**

Change the beneficiary for your life insurance coverage, if you desire to do so.

**Address/Name Change Form:**

Change your name and/or address on your official County record. This will also be used to change name and/or address with your Health carrier, Retirement & Deferred Compensation if you are enrolled in these programs.

**Defined Benefit Nomination of Beneficiary Form:** (For employees in the **Defined Benefit** Retirement plan only)

Change your beneficiary, if you desire to do so, for the purpose of distribution by the Retirement Commission of the Oakland County Employee's Retirement System to pay the accumulated contributions or any final payments standing to your credit in the Employees Savings Fund due you in the event of your death.

**ICMA-RC / Oakland Performance Retirement System:** (For employees in the **Defined Contribution** retirement plan only)

Change your beneficiary, if you desire to do so, for purposes of distribution of your Defined Contribution Retirement account balance in the event of your death.

**Deferred Compensation Beneficiary Change:**

To change your beneficiary, if you so desire, for purposes of distribution of your Deferred Compensation account balance in the event of your death.

Health and Vision, FSA .....Debra Myers 858-0545  
Delta Dental..... Angie Broegman 858-0465  
Aetna Life Insurance..... Debra Myers 858-0545  
Deferred Compensation.....Kathy Sanders 858-2191  
Defined Contribution Retirement ..... Paige Leslie 858-2043  
Defined Benefit Retirement.....Dawn Westlund 858-0404