



Internal Services Agency

Department of Personnel Services

Employee Benefits Office

AnnMarie Meyer, Manager

Terry Schutten, County Executive

Mark Norris, Agency Administrator

David Devine, Department Director

County of Sacramento

DELETION OF DEPENDENT

Medical Dental EAP Life

Employee Name _____ SSN _____

Address _____

Dependent's Name _____ Relationship _____

Dependent's Address _____

REASON FOR DELETION	
<input type="checkbox"/> Divorce	Date of Dissolution:
<input type="checkbox"/> Death	Date:
<input type="checkbox"/> Legal separation	Date of Separation:
<input type="checkbox"/> Child turning 19 and not a full-time student	Date of Birth:
<input type="checkbox"/> Full-time student turning 24	Date of Birth:
<input type="checkbox"/> Over 19 and ending full-time student status	Date Status Ends:
<input type="checkbox"/> Marriage of dependent	Date:
<input type="checkbox"/> Obtained other group coverage	Date:
<input type="checkbox"/> Other:	Date of Event:

Do you have any other dependents on your Medical Plan? Yes No

Do you have any other dependents on your Dental Plan? Yes No

Do you have any other dependents on your Life Insurance Plan? Yes No

Please delete the above dependent from my group coverage.

Employee Signature

Date

Rep Unit	PIN	Coverage Term Date	Rate Change? <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Group Number		Dental Group Number	<input type="checkbox"/> BB <input type="checkbox"/> COMPASS
<input type="checkbox"/> Late Notification	<input type="checkbox"/> COBRA Notice Required	Reviewed By	Date
<input type="checkbox"/> Admin Deletion	<input type="checkbox"/> No Qualifying Event		