

**CLACKAMAS COUNTY
NOTICE OF CHANGE IN FAMILY STATUS**

EMPLOYEE NAME		DEPARTMENT/DIVISION
TYPE OF STATUS CHANGE:		Employee ID#
<input type="checkbox"/> BIRTH/ADOPTION/ GUARDIANSHIP	Effective the date of birth, the date the child is placed in your home for adoption or guardianship, or the date custody is granted. Attach a copy of the birth certificate, adoption/placement records, or court order granting custody.	
<input type="checkbox"/> ADD SPOUSE, DOMESTIC PARTNER OR NAME CHANGE	Effective the first of the month following date of marriage, or when new enrollment forms are submitted, whichever is later. Attach a copy of the marriage certificate, affidavit of domestic partnership, or paperwork granting a name change.	
<input type="checkbox"/> ELIGIBLE CHILD DEPENDENT (Up to age 26)	Effective the first of the month after child becomes eligible (loses employer health insurance coverage) or when new enrollment forms are submitted, whichever is later. Attach proof of loss of coverage.	
<input type="checkbox"/> INELIGIBLE CHILD DEPENDENT	Effective the last day of the month in which eligibility ends (i.e., enrolls in employer health coverage or the end of the calendar month in which child reaches age 26).	
<input type="checkbox"/> DIVORCE/DEATH/END OF DOMESTIC PARTNERSHIP	Effective the last day of the month in which the divorce is final or the domestic partnership ends or the date of the dependent's death. Attach a copy of the divorce decree, termination of domestic partnership or death certificate.	
<input type="checkbox"/> YOUR EMPLOYMENT	Effective the first day of the month following date of change or date enrollment forms are received by Benefits. Specify (change in bargaining group, part-time to full-time, etc.)	
<input type="checkbox"/> SPOUSE/DOMESTIC PARTNER EMPLOYMENT	Effective the first or last day of the month in which spouse/partner's coverage begins or ends. Attach proof of terminated coverage or new coverage	

**ALL FORMS MUST BE COMPLETED IN FULL AND SUBMITTED TO
THE RISK & BENEFITS DIVISION
WITHIN 60 CALENDAR DAYS FROM THE DATE OF THE FAMILY STATUS CHANGE.**

NOTES: