



Lake Erie Regional Council Employee Protection Plan

1885 Lake Avenue, Elyria, Ohio 44035 440-324-5777 Fax: 440-324-4485

CHANGE FORM 5/26/23

SCHOOL DISTRICT: Educational Service Center of Lorain County

EMPLOYEE INFORMATION
EMPLOYEE NAME SOCIAL SECURITY

EFFECTIVE DATE ADDRESS CHANGE CITY/STATE/ZIP NEW PHONE NUMBER
EFFECTIVE DATE NAME CHANGE DIVORCE OR MARRIAGE

(Requires a copy of marriage license or other legal documentation)

TERMINATION OF EMPLOYEE COVERAGE EFFECTIVE DATE:

COBRA QUALIFYING EVENT:

Table with 9 columns: DO NOT SEND COBRA NOTICE, RESIGNATION, TERMINATION, RETIREMENT, LAYOFF, LONG-TERM DISABILITY, LEAVE OF ABSENCE, REDUCTION IN HOURS, OPEN ENROLLMENT CHANGE

ADD DEPENDENT OR CHANGE EMPLOYEE COVERAGE CHANGE TO FAMILY QUALIFYING EVENT OPEN ENROLLMENT

(ADDITIONAL DOCUMENTS ATTACHED) Notify Plan within 31 days of a qualifying event to add newborn/dependent/spouse.

DOES SPOUSE WORK FOR A LERC SCHOOL DISTRICT? IF YES PLEASE CIRCLE DISTRICT:
AMHERST CLEARVIEW COLUMBIA EDUCATIONAL SERVICE CENTER OF LORAIN COUNTY FIRELANDS
KEYSTONE LCJVS MIDVIEW SHEFFIELD/SHEFFIELD LAKE VERMILION WELLINGTON LORAIN

Are you or any dependent on Medicare? Medicare Policyholder Name:

Medicare is secondary to your LERC GROUP HEALTH PLAN

EFFECTIVE DATE: MARRIAGE DATE: (List only those dependents affected by this change)

Table with 9 columns: LAST NAME, FIRST NAME, DOB, SEX, SS#, MED, DE, VI, Documents Received

REMOVE DEPENDENT OR CHANGE EMPLOYEE COVERAGE EFFECTIVE DATE: CHANGE TO SINGLE

Table with 9 columns: LAST NAME, FIRST NAME, DOB, SEX, MED, DE, SS#, VI, Documents Received

COBRA DEPENDENT QUALIFYING EVENT: DIVORCE / SEPARATION DEPENDENT NO LONGER ELIGIBLE RETIRED / EMPLOYEE ENTITLED TO MEDICARE SPOUSAL AUDIT DEATH OF EMPLOYEE

If cancellation is due to legal divorce, separation, annulment or dissolution, provide current address for ex-spouse where COBRA Election Notice and Creditable Coverage Certificate are to be sent.

Coverage ends for an ex-spouse on the day the final decree is filed. Notify the plan within 60 days of a final decree of a divorce/separation/annulment/dissolution.

EMPLOYEE SIGNATURE DATE

TREASURER/DESIGNEE SIGNATURE ACA Invoice DATE To Lisha: