Mohawk Industries Health Care Plan
Change in Coverage Affidavit

Employee Name____________________________ Employee #__________ QLE Date ________

Instructions: *(To initiate your QLE, you must call the BSC at 866-481-4922 within the number of days noted in the matrix.)*

1. Please fill in the table below
   a) In Column A, below, list all dependents that will be **adding** or **dropping** *(changes only)* coverage (***NOTE***: adding names to the list does not automatically add/drop them from coverage. You must provide proper documentation in order to move forward with any changes. (**Upon approval, arrears will apply retroactively to the effective date of the QLE**.)
   b) In Column B, indicate the dependent type.
   c) In Column C, select the reason for the change in coverage (Refer to Change in Coverage matrix for reason codes 1 – 8).
   d) In Column D, list the health plan(s) that will be changing (**Medical** Copay or CDHP, **Dental** Standard, Premium or Premium Access and/or **Vision**)
2. Refer to the "Change in Coverage Matrix" for documentation required for verification.
3. Sign this form at the bottom and send it to the BSC with verifying documents any of the following ways:
   - Toll Free Fax: 1-866-597-2187
   - Email: admin@benefitsservice.center
   - Mail documents to: BSC, 6655 Town Square, Suite 250, Alpharetta GA, 30005
4. Please allow 24-48hrs for processing after receipt of your paperwork. You will receive a text message with a status update once your documentation is processed. For further assistance, please call the BSC at 866-481-4922.

A	B	C	D
Full Name *Please print clearly*	**Dependent Type** (self, child, spouse)	**Reason for Changing** (1-8)	**Health plan(s) that will be changing** (Medical, Dental and/or Vision)

Employee signature___________________________ Date______

I hereby certify that the information provided is correct. I understand that any misrepresentation in the information provided will be considered fraud and/or an intentional misrepresentation of material fact as prohibited by the terms of the Mohawk Industries Health Care Plan.

Mohawk Industries Health Care Plan
Change in Coverage Matrix

MOHAWK

benefits service center

	Reason for Dropping Coverage	Documents Required for Verification (submit one of these documents)	Time Allowance for Event & Documentation
1.	Employee gain of other coverage	• Enrollment confirmation statement or, • Confirmation of election and payment for other coverage or, • Letter from spouse's employer indicating new election, including employer contact information	31 days
2.	Dependent gain of other coverage	• Enrollment confirmation statement or, • Confirmation of election and payment for other coverage or, • Letter from employer indicating new election, including employer contact information	31 days
3.	Divorce	Certified divorce decree	Retro back to the date of divorce if within the current year
4.	Death	Certified death certificate	60 Days

Mohawk Industries Health Care Plan
Change in Coverage Matrix

	Reason for Adding Coverage	Documents Required for Verification (submit one of these documents)	Time Allowance for Event & Documentation
5.	Marriage	• Marriage certificate and, • One joint marital document dated within the past six months (ex. Joint bill, joint bank/credit account, joint mortgage or lease)	31 days
6.	Birth, Adoption, Legal Guardianship	• Copy of child's birth certificate naming you as the parent or, • Amended birth certificate naming you as the child's parent or, • Copy of adoption decree or court order naming you as the child's adoptive parent or legal guardian	60 days
7.	Employee loss of other coverage	• Insurance cancellation notice or, • HIPPA Certificate of Creditable Coverage or, • Coverage termination notice from previous employer indicating new election, including employer contact information	31 days
8.	Dependent loss of other coverage	• Insurance cancellation notice or, • HIPPA Certificate of Creditable Coverage or, • Coverage termination notice from previous employer indicating new election, including employer contact information	31 days

Please note, if you are adding a dependent and the change is approved, premium ***arrears will apply retroactively to the effective date of the Qualifying Life Event****. Additionally, you will receive a packet from Alight within 4-6 weeks after the effective date to provide proof of dependent eligibility. You must submit the necessary documentation to Alight for dependent coverage to continue.*