



Family Status Change Form

Name: _____

Employee ID: _____

Date of Event: _____

Benefit Information

Medical:

- Traditional Plan
- Employee Only
 - Employee + Spouse
 - Employee + Children
 - Employee + Family

- Liberty Plan
- Employee Only
 - Employee + Spouse
 - Employee + Children
 - Employee + Family

Flexible Spending Account (Traditional Plan Only):

- Health Care FSA
Plan Year Goal Amount \$ _____
- Dependent Care FSA
Plan Year Goal Amount \$ _____

Health Savings Account (Liberty Plan Only):

- Savings Account*
Plan Year Goal Amount \$ _____

*DriveTime will match your contribution up to \$500/\$1,000

Dental:

- High Plan Low Plan
- Employee Only
 - Employee + Spouse
 - Employee + Children
 - Employee + Family

Supplemental Life Insurance:

- 1 x annual salary
- 2 x annual salary
- 3 x annual salary

Supplemental Spouse Life:

Coverage Amount \$ _____

Dependent Life:

- \$5K \$10K

Vision:

- Employee Only
- Employee + Spouse
- Employee + Children
- Employee + Family

Disability:

- Long Term Disability
(DriveTime will pay for Short Term Disability if you elect Long Term Disability)

401K:

Please contact Fidelity on your 61st day of employment to enroll

DriveTime Benefits Department
 Benefits@DriveTime.com
 www.DriveTimeBenefits.com
 Fax: 888-505-7130



LifeTime
 DriveTime Benefits Package

Event Information

Please choose from the following:

- I Got Married I Had A Baby
- I Got Divorced I Lost Coverage

- I Gained Coverage My Spouse Lost Coverage My Spouse Gained Coverage
- My Child Lost Coverage My Child Gained Coverage Other: _____

Dependent Information

Name	DOB	SSN	Gender	Add	Remove	MED	DEN	VIS
Example	2/23/1980	999-99-999	F	X		X	X	X

Submission Instructions:

Please fax completed form to the Benefit Department at **(888) 505-7130**. Be sure to include a copy of the supporting documentation (if applicable). You can find the complete list of accepted supporting documentation on the Benefits website.

Incomplete requests will not be processed.

Any necessary retro-premium deductions will be applied to the pay period following the processing of your new hire benefits. You can review the cost of benefits/rates on the Benefits website.

Questions?

DriveTime Benefits Department
 Benefits@DriveTime.com
 www.DriveTimeBenefits.com
 Fax: 888-505-7130