STATE EMPLOYEE
DENTAL SOURCE CHANGE FORM

Name (Last, First, MI)	Social Security Number	Dept. Name

Street Address	City	State	Zip

Date of Status Change Event	Daytime Phone Number

CAFETERIA PLAN ELECTION:
Employees cannot stop or change deductions during the calendar year (other than open enrollment) unless he or she has a qualifying event. Any changes made to your Dental Source plan must be approved by ASI, Missouri State Cafeteria Plan Administrator. You must submit a copy of the cafeteria plan's approval letter along with this change form.

NON-CAFETERIA PLAN ELECTION:
Please contact your payroll department to insure your payroll deduction is stopped or changed.

Change of Status Events: Please select all status change events that apply

- ☐ Death of spouse/dependent
- ☐ Divorce finalized
- ☐ Marriage
- ☐ Birth/Adoption
- ☐ Residence change
- ☐ Employment change of your spouse/dependent
- ☐ New dependent care provider
- ☐ Gain/Loss of dependent due to age, military status, marriage, divorce, etc.
- ☐ Gain/Loss of eligibility and coverage under Medicare/Medicaid
- ☐ Court order (health coverage not your responsibility)
- ☐ Court order (requiring health coverage)
- ☐ Your employment ends or you retire

Please Check One

☐ Cafeteria Plan

☐ Non Cafeteria Plan

Employee's Signature **Day time phone** **Date**
(Payroll/Personnel Officer may sign form if employee is no longer employed)

** This payroll deduction program is not sponsored by the State and is not affiliated with the State MCHCP plans**

Mail to: Dental Source
12946 Dairy Ashford Ste.360
Sugar Land, TX 77478
OR
Fax to: 832-415-0379