



# Law Enforcement Health Benefits, Inc.

2233 Spring Garden Street, Philadelphia, PA 19130 (215) 763-8290

November 27, 2018

SAMPLE

Dear SAMPLE,

Enclosed is the group change form you requested, with instructions.

Please complete and forward to our office, with the following information:

- |   |  |
|---|--|
| <input type="checkbox"/> A copy of the child's birth certificate or FINAL adoption decree | <input type="checkbox"/> A copy of the divorce decree or death certificate |
| <input type="checkbox"/> A copy of your marriage certificate                              | <input type="checkbox"/> OTHER: _____                                      |

If you need additional information, please do not hesitate to call our office.

## Eligibility Rules

### ● Adding a Spouse

Your spouse will be put on your coverage the first of the month following your marriage.

**Example:** *Date of marriage - July 1, 2011. Your spouse will be put on your coverage August 1, 2011. You will be responsible for any claims that your spouse incurred prior to August 1, 2011.*

**What we need from you:** *A copy of your marriage certificate, and a completed Personal Choice application.*

### ● Removing a Spouse

Your spouse will be removed retroactive to the date of the divorce or death. If we are not advised at the time of the event, when notified all claims will be retracted retroactive to the date of the event and the member made responsible for payment.

**What we need from you:** *A copy of the death certificate or divorce decree, and a completed Personal Choice application.*

### ● Adding a Child *(Child must be unmarried)*

Your child will be placed on your coverage retroactive to his/her birth date, as long as you notify us in a timely manner (no longer than two months after the date of birth).

**What we need from you:**

*A completed Personal Choice application, and ONE of the following:*

*A copy of the birth certificate stating both the member's name and the child's name*

**OR:** *A copy of the handwritten birth record from the hospital listing both the member's name and the child's name*

**OR:** *A copy of the paternity test stating that you are the biological parent*

**OR:** *A copy of the court order mandating paternity*

**OR:** *A copy of the FINAL adoption decree*

(Note: Please attach to the application whatever documents apply to you.)