[Company Name]
[Benefits Department]
[Address]
[City, State, Zip Code]

[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Subject: Questionnaire for Marriage Life Event Coverage Adjustment

Dear [Employee Name],

Congratulations on your recent marriage! Because marriage is considered a Qualifying Life Event, you are eligible to adjust your benefit elections outside of the standard Open Enrollment period.

To process your request for coverage changes, please complete the following questionnaire and return it to the HR department along with a copy of your marriage certificate within [Number] days of your marriage date.

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1. General Information

Employee Name: _____

Date of Marriage: _____

Spouse's Full Name: _____

Spouse's Date of Birth: _____

Spouse's Social Security Number: _____

2. Coverage Changes Requested

Which plans would you like to adjust? (Check all that apply)

[ ] Medical Insurance
[ ] Dental Insurance
[ ] Vision Insurance
[ ] Life Insurance / AD&D
[ ] Flexible Spending Account (FSA)

3. Specific Action

[ ] Add spouse to my current coverage
[ ] Remove myself from company coverage (Joining spouse's plan)
[ ] Change coverage level (e.g., Single to Family)

4. Coordination of Benefits

Does your spouse have access to employer-sponsored health insurance through their own employer?
[ ] Yes [ ] No

If yes, will your spouse remain enrolled in that plan?
[ ] Yes [ ] No

5. Employee Authorization

I certify that the information provided above is true and accurate. I understand that these changes must be submitted within the required timeframe allowed by the plan provider.

Signature: _____ Date: _____

Please submit this form and your supporting documentation via [Email Address] or via the internal HR portal.

Sincerely,

[Name/Signature]
[Title]
[Department Name]