Subject: Important: Questionnaire Regarding Your Recent Life Event Benefit Adjustment

Dear [Employee Name],

We have received notice regarding your recent life event (divorce or legal separation). To ensure your benefits coverage is updated accurately and in compliance with plan regulations, please complete this questionnaire and return it to the Human Resources Department.

Section 1: General Information

Full Name: _____
Employee ID: _____
Date of Life Event (Final Decree Date): _____

Section 2: Coverage Changes

Please indicate which of the following actions you wish to take:

- [ ] Remove former spouse from Health/Dental/Vision insurance.
- [ ] Change my tax withholding status (Form W-4).
- [ ] Update my life insurance beneficiary designations.
- [ ] Update my emergency contact information.

Section 3: Dependent Information

Will there be any changes to the coverage of your dependent children? (Yes/No): _____
If yes, please list names and requested changes: _____

Section 4: Documentation Checklist

Please attach a copy of the following documents (required for processing):

- [ ] Copy of the Final Divorce Decree or Legal Separation Agreement.
- [ ] Updated Life Insurance Beneficiary Form (if applicable).
- [ ] New Form W-4 (if applicable).

Section 5: Certification

I certify that the information provided is true and correct. I understand that I must submit this documentation within [Number] days of the life event to be eligible for coverage adjustments.

Employee Signature: _____ Date: _____

Please return this form to: [HR Email Address/Office Location]