

If you experience a Qualified Status Change Event, complete this form and submit it to the Benefits Team by mail, email, scanning, or fax as indicated below. All changes and appropriate documentation must be received in the Benefits Office within **forty-five (45) days** from the date of the qualifying event, and the change made must be consistent with the type of change in status you have. Adding/changing coverage could result in an increase/decrease in your premiums. Additional premiums owed are your responsibility and will be collected. Please review the chart on the back side of this form to determine the amount of increase/decrease. Please provide the date of your Qualified Status Change Event next to the type of event you experienced. The effective date of the change is the date the Benefits Department received this complete, signed form and the required documentation (see back page).

Associate Information

Associate's Name (first name, last name)	Daytime Phone Number	Email Address
	XXX-XX-	
Associate Number	Social Security Number (last four only)	

Qualified Status Change Event

Event Type <small>(choose one from the list on back of this form)</small>	Event Date	Required Documentation <small>(see list on back of this form)</small>

Health and Life Insurance Plan Changes

To add, delete, or make a change to plans, please complete the section below. Indicate the plan name under each coverage type selected (ex: PPO1, PPO2, BIND, HDHP, Dent1, Dent2, DHMO, VSP). **Incomplete forms will not be processed and dependent SSN's are required by federal law. If adding a newborn, please submit this form within 45 days of birth and supply the SSN by calling benefits as soon as received.**

A=add D=delete	Name	Relationship	Gender	Date of Birth	Social Security Number (required field)	Medical	Dental	Vision

IF adding a Spouse to medical coverage and their employer offers a similar health plan, the Spousal surcharge of \$20.00 will be charged in addition to the premium. Please X the appropriate box below.

<input type="checkbox"/> Spouse does have comparable coverage	<input type="checkbox"/> Spouse does Not have comparable coverage
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Flexible Spending Account Changes

Additions/changes will be made to the remaining pay periods in the year to make your total contributions match your new annual goal. ****additional rules may apply**

Medical Flexible Spending Account	Add/Change my annual goal limit to: _____
Dependent Day Care Flexible Spending	Add/Change my annual goal limit to: _____
Health Savings Account--HDHP only	Add/Change my per pay period amount: _____

The HSA amount selected carries over until you make a change. By signing up for the HDHP with HSA, I confirm I have read page 3 of this document and agree to the conditions explained by Optum Bank.

Life Insurance Changes

If you are adding a new dependent such as a new spouse or new child, you are permitted to add or increase dependent life insurance coverage. If you list dependents above, please indicate the level of coverage requested (child \$2,500/spouse \$5k) or (child \$5k, spouse \$10k). Rules to add coverage will be applied based on current elected coverage. If waived coverage currently, lowest level is the only plan available. If you gain a new dependent, the highest level is also available if coverage was previously waived.

Submit updates to the beneficiary for your life insurance by completing a new beneficiary designation form found on benefits.petsmart.com.

Changes to any coverage elections indicated on this form does not include a change to your designated beneficiary. This includes a dependent gained or lost through divorce or marriage.

Dependent Life Insurance	Add/Change additional life to: _____	circle level of coverage	(child \$2,500/spouse \$5k) or (child \$5k, spouse \$10k).
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The above information is true. I understand that giving false information can result in disciplinary action and may result in loss of benefits. I authorize the preceding changes and any retroactive payroll deductions required on a post-tax basis.

I understand coverage will be effective the date the Benefits Department receives required documentation for the qualified change in status. The effective date for the birth or adoption of a child will be the child's date of birth or adoption placement date.

Associate Signature	Date
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Mail: PetSmart Benefits Team - 19601 N. 27th Ave., Phoenix, AZ 85027 OR Fax: 1-800-738-9917

Questions: PetSmart Benefits Team: 1-866-263-8411 or benefits@petsmart.com

*****PLEASE EMAIL OR CALL TO VERIFY RECEIPT OF YOUR FAX AND DOCUMENTATION*****

If you provide your email address or phone number we can verify the forms have been received

For additional questions or more information visit our website at benefits.petsmart.com