LGC
NEW HAMPSHIRE
Local Government Center

New Hampshire Municipal Association
Workers' Compensation Trust
Property-Liability Trust
HealthTrust

NOTICE OF DIVORCE, LEGAL SEPARATION OR DISSOLUTION OF CIVIL UNION

THIS FORM MUST BE COMPLETED AND SIGNED BY THE SUBSCRIBER AS NOTIFICATION OF A COURT DECREE REGARDING DIVORCE, LEGAL SEPARATION OR DISSOLUTION OF A CIVIL UNION. NEW HAMPSHIRE LOCAL GOVERNMENT CENTER (LGC) HEALTHTRUST MAY REQUEST A COPY OF THE DECREE.

Subscriber's Name: _____ Date: _____

Subscriber's Address: _____ ID #: _____

Group Name: _____ Group Number: _____

I hereby notify LGC HealthTrust of the following event affecting my medical and/or dental plan coverage (check one):
❑ Divorce ❑ Legal Separation ❑ Dissolution of a Civil Union Date of Decree: _____

Former Spouse or Civil Union Partner: My former spouse or civil union partner was covered as an eligible dependent under my group plan through my employer immediately prior to the issuance of such decree. The decree provides as follows with respect to the nature and payment terms of my former spouse or civil union partner's medical and/or dental plan coverage:

_____

_____

_____

Children: The children listed below were covered as eligible dependents under my group plan through my employer immediately prior to the issuance of such decree. The decree provides as follows with respect to these dependent children's medical and/or dental plan coverage:

_____

_____

_____

I understand that my spouse or former civil union partner and child(ren) may be entitled to continue coverage under my employer's medical and/or dental plan in certain situations pursuant to state or federal law.

Name of Former Spouse or Civil Union Partner: _____

Current Address: _____

Date of Birth: _____

Employer/Employment Status: _____

Name(s) of covered child(ren)	Date(s) of Birth	Address

_____
Subscriber Signature Date