



# Legally Domiciled Adult Decertification Form

**PLEASE NOTE:** Complete this form only if the person currently named as a Legally Domiciled Adult (LDA) under your contract no longer satisfies the LDA requirements. Do not complete this form if you are removing an LDA from any benefit plan due to another Change in Status event (for example, LDA has gained coverage under another benefits policy but remains eligible).

<b>Employee Information</b> <i>All sections to be completed in full unless otherwise indicated.</i>			
Full name <i>First, middle, and last</i>		Date of birth <i>MM/DD/YYYY</i>	
<input type="checkbox"/> I hereby elect to decertify the LDA named below. By doing so I acknowledge that this person no longer satisfies the definition of an LDA as defined under Michigan Catholic Conference (MCC) benefit plans. I understand this person will lose eligibility for and be removed from <b>all</b> benefit plans in which enrolled as an LDA under my benefit plans effective as soon as administratively possible, but no sooner than the last day of the month in which MCC receives the form.			
<b>LDA Information</b>			
Full name <i>First, middle, and last</i>		Date of birth <i>MM/DD/YYYY</i>	Effective date <i>MM/DD/YYYY</i>
<b>Employee Signature</b> <i>You must sign, date, and submit this form to MCC for it to be valid. 'Legally Domiciled Adult signature' is optional.</i>			
Employee signature		Date <i>MM/DD/YYYY</i>	
Legally Domiciled Adult signature		Date <i>MM/DD/YYYY</i>	

**Please return completed form by email to [benefits@micatholic.org](mailto:benefits@micatholic.org), fax to (517) 316-3690, or mail to:**

Michigan Catholic Conference  
 Attention Benefits Department  
 510 South Capitol Avenue  
 Lansing, Michigan 48933

<b>For MCC Use Only</b>	
Received and approved by	Date <i>MM/DD/YYYY</i>