

Change of Status Form

Personal Information	Company Name:																							
	Employee Name		Current Date																					
	Home Address		Social Security Number																					
	Date of Event/Termination																							
Qualifying Event	<input type="checkbox"/> Change of Status i.e. Marriage, Divorce, Death, Legal Separation, Birth, Adoption, No Longer Dependent, Employment Change, Spousal Employment Change, etc. List all Dependents (including Spouse):																							
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 50%;">Full Name</th> <th style="width: 20%;">Date of Birth</th> <th style="width: 30%;">Relationship to Employee</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Full Name	Date of Birth	Relationship to Employee																		
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<input type="checkbox"/> Change of Benefit i.e. Change of Day Care Provider, Change of Health Care Provider, etc.																								
<input type="checkbox"/> Change of Cost i.e. Provider Cost Increases or Decreases, etc.																								
<input type="checkbox"/> Termination of Employment Details: Summarize Change of Status Checked Above _____																								
To Be Completed by Company Contact	Company Name																							
	Company Representative		Phone Number																					
	The Payday that the New Deduction Begins: _____																							
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;"> </th> <th style="width: 20%;">Prior Deduction Amount</th> <th style="width: 20%;">New Deduction Amount</th> <th style="width: 30%;">Frequency of Withholding (weekly, bi-monthly, etc.)</th> </tr> </thead> <tbody> <tr> <td>Insurance Premiums</td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Prior Deduction Amount	New Deduction Amount	Frequency of Withholding (weekly, bi-monthly, etc.)	Insurance Premiums																
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Insurance Premiums																								
If Termination of Employment Date of Last Payroll Reduction: _____																								
Required Signatures	Employee Signature X		Date																					
	Company Representative Signature X		Date																					