

HR Concepts, LLC

"Your Third Party Administrator of Choice"

Change of Status Form For Employee

Qualifying Event:

Legal Marital Status Change: Marriage, Death, Divorce, Legal Separation or Annulment
Death of a Dependent Child -- Birth or Adoption of a Child -- Change in employment status

Guidelines:

The participant has 30 days from the effective date of the event to make a change
The participant can increase, decrease, stop, or start their election
Request for change needs to be in writing

Please complete the applicable information regarding the family status change:

Employee Information/Address (Please check if this is a new address)

Employee Name: _____ SS # _____ - _____ - _____
Mailing Address: _____ City: _____ St.: _____ Zip: _____
Street Address: _____ City: _____ St.: _____ Zip: _____
Telephone: _____ Start Date: _____ Terminated Date: _____ Eligible: YES / NO
COBRA Qualifying Event: _____

Qualifying Event

Marriage Date: _____ Divorce Date: _____ Legal Separation Date: _____
Annulment Date: _____ Birth/Adoption Date: _____ Death Date: _____
Termination Date: _____ F/T to P/T Date: _____ Leave of Absence Date: _____

Election Change

Current Annual Election: Medical \$ _____ Dependent \$ _____
Current Per Payroll Election: Medical \$ _____ Dependent \$ _____
New Annual Election: Medical \$ _____ Dependent \$ _____
New Per Payroll Election: Medical \$ _____ Dependent \$ _____

Signature

I wish to change my medical and/or dependent care reimbursement account election as stated above.

Employee Signature Date: _____ Authorized Employer Signature Date: _____



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