BENEFITS CHANGE FORM

NAME (please print): _____

SOCIAL SECURITY #: _____

DEPARTMENT: _____ **CAMPUS PHONE EXT:** _____

Type of status change: (PLEASE CHECK ONE)

1. [ ] marriage **2. [ ] divorce** **3. [ ] adoption**
4. [ ] birth **5. [ ] death**
6. [ ] spouse's employment status changed (please clarify)
7. [ ] dependent satisfies or ceases to satisfy the requirements of an unmarried dependent (please clarify) _____
Note: Only children ages 23 and younger are eligible. Coverage continues until December 31 of the year the child turns 23.
8. [ ] other (please clarify) _____

Name of family member (causing change): **Relationship:**

_____

Date of status change _____ **YOU HAVE 31 DAYS FROM DATE OF STATUS CHANGE TO MAKE CHANGES IN YOUR FLEXIBLE BENEFIT ELECTIONS.**

Effective Date will generally be the first of the month following the status change except in cases of birth or adoption, in which case the effective date will be the actual date of the event.

Requested Effective Date: _____ **(Requires approval by Human Resources)**

I WISH TO MAKE THE FOLLOWING CHANGES:
(PAYROLL DEDUCTIONS WILL BE PRE-TAXED IF APPLICABLE)

[ ] Group Health –– [ ] enroll [ ] cancel coverage [ ] add dependent (s) [ ] remove dependent(s)
(Changes indicated on attached health change form.)

[ ] Dental – [ ] enroll [ ] cancel coverage [ ] add dependent(s) [ ] remove dependent(s)
(Changes indicated on attached dental form.)

[ ] Medical Reimbursement – (New total annual amount)
$ _____ **(including annual amount previously elected)**

[ ] Dependent Care Reimbursement – (New total annual amount)
$ _____ **(including annual amount previously elected)**

[ ] Colonial Short Term Disability
[ ] cancel accident coverage **[ ] cancel sickness coverage**
[ ] begin or change accident coverage **[ ] begin or change sickness coverage**

NOTE: Flexible Benefit Election changes must be related to the status change.

I UNDERSTAND THIS CHANGE WILL REMAIN IN EFFECT UNTIL DECEMBER 31 OF THE CURRENT YEAR, UNLESS THERE IS A QUALIFYING STATUS CHANGE AND THE REQUEST IS MADE WITHIN 31 DAYS OF THE STATUS CHANGE.

Employee Signature **Date** *revised 3/22/01*