

## To Claim a Change in Status

**“Change in Status” is the Internal Revenue Service rule that allows you to adjust your benefit selections when unforeseen circumstances occur between open enrollments. Only specific events qualify as a change in family status.(Refer to the list on the Form)**

### INSTRUCTIONS

- A Change in Family Status form must be completed and returned to Benefits within 30 days of the event. If this form is not received within 30 days, the change in benefit coverage cannot take place until open enrollment. This may also cause a forfeiture of rights for continuation of coverage through COBRA.
- Please complete the bottom section of the Change in Status form (legibly) indicating the name and requested change. The change must be consistent with your status change.
- Specific documentation other than this signed form may be required for certain changes. Please refer to the flip side of the Change in Status Form for a list.
- Return form to Benefits Administration.

### IMPORTANT REMINDERS

- Changes to the Health Care Flexible Spending Account can ONLY be made during open enrollment. However, some events may be consistent with adding a Health FSA.
- Remember to update beneficiaries for Basic Life and Retirement benefits. Contact the Benefits Office for appropriate forms.
- Dependent Day Care may be adjusted with the qualifying events listed on the form.
- Special rules apply to employees during FMLA. Please contact the Benefits office at extension 2787 for more information.

If you have any questions please contact Benefits at (478)301-2787

## Change in Status Election Form

### Employee Information

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Home Address: \_\_\_\_\_

Department: \_\_\_\_\_ Office Extension: \_\_\_\_\_

### Designation of Status Change

As a participant in the cafeteria plan, I am entitled to revoke my prior benefit election and enter a new election in the event of certain changes in family status. I understand that the change in my benefit election must be necessitated by and be consistent with the change in family status and that the change must be acceptable under the regulations issued by the Department of Treasury. I certify that I have incurred the following changes in family status:

- |  |   |
|--|---|
| <input type="checkbox"/> Marriage  | <input type="checkbox"/> Death of a spouse and/or dependent                   |
| <input type="checkbox"/> Divorce   | <input type="checkbox"/> Termination/Commencement of employment by spouse     |
| <input type="checkbox"/> Birth or adoption of child  | <input type="checkbox"/> My spouse or I have taken an unpaid leave of absence |
| <input type="checkbox"/> A significant change in family's health coverage due to spouse's employment |   |
| <input type="checkbox"/> Other (explain): _____  |   |

This Change Occurred on: \_\_\_\_\_ Coverage change should take effect the first day of \_\_\_\_\_(Month)\_\_\_\_(Year)

### Indicate coverage(s) to be ADDED

	SSN	LAST NAME	FIRST	MI	SEX	DOB	MED	DEN	CAN	DLIF	SLIFE
EMP											
SP.											
CH.											
CH.											
CH.											
CH.											

### Indicate coverage(s) to be TERMINATED

	SSN	LAST NAME	FIRST	MI	SEX	DOB	MED	DEN	CAN	DLIF	SLIF
EMP											
SP.											
CH.											
CH.											
CH.											
CH.											

### Indicate Changes in Flexible Spending

\_\_\_\_ Medical Expense Reimbursement Account: \$\_\_\_\_ / pay period for a total of \$\_\_\_\_ / per year

\_\_\_\_ Dependent Care Reimbursement Account: \$\_\_\_\_ / pay period for a total of \$\_\_\_\_ / per year

I hereby confirm the change in benefit elections selected above and certify that the documents I have provided are true and correct to the best of my knowledge.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date received by Benefits/Payroll: \_\_\_\_\_ HRS: \_\_\_\_\_ Core confirmation: \_\_\_\_\_

## Acceptable Forms of Documentation:

Event	Documentation & Forms Required
<p><b>Change in legal marital status:</b></p> <ul style="list-style-type: none"> <li>• <b>Marriage</b></li> <li>• <b>Divorce</b></li> <li>• <b>Legal Separation</b></li> </ul>	<ul style="list-style-type: none"> <li>• Marriage Certificate</li> <li>• Signed and dated Divorce Decree</li> <li>• Signed and dated Legal Separation Agreement</li> </ul>
<p><b>Change in number of dependents:</b></p> <ul style="list-style-type: none"> <li>• <b>Birth</b></li> <li>• <b>Adoption or placement of a Child for adoption</b></li> <li>• <b>Death</b></li> </ul>	<ul style="list-style-type: none"> <li>• Letter from hospital or birth announcement</li> <li>• Signed and dated Adoption / Foster care Papers</li> <li>• Death Certificate</li> </ul>
<p><b>Change in employment status:</b></p> <ul style="list-style-type: none"> <li>• <b>Employee or spouse changes status (eligible to ineligible and vice versa)</b></li> </ul>	<ul style="list-style-type: none"> <li>• No documentation required for employee</li> <li>• Proof from spouse's employer of change in status</li> </ul>
<p><b>Employee's change in residence</b></p>	<ul style="list-style-type: none"> <li>• Written notification from employee</li> </ul>
<p><b>Change in dependent status</b></p> <ul style="list-style-type: none"> <li>• <b>Child attains age 19, if not a student</b></li> <li>• <b>Child attains age 25</b></li> <li>• <b>Child has a change in student status (gain/loss)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Written notification from employee if child attains age 19 (and is not a student) for health plan purposes</li> <li>• Full-time Student Status Verification Form from employee that child has a change in student status.</li> </ul>
<p><b>Judgment, Decree or Court Order</b></p>	<ul style="list-style-type: none"> <li>• Judgment, Decree or Order</li> </ul>