

Change in Status Events Form

As of the following date, I require a change due to:

DATE:

Marriage

Divorce, legally separated, or had an annulment

Birth of a child, adoption, or acquired an eligible dependent

Death of my spouse, child, or an eligible dependent

Loss or change of employment of spouse or dependent

Loss of my spouse's insurance coverage

Employment of my spouse or dependent

Dependent not eligible for coverage (age/student status)

Change in work schedule (PT/FT) for spouse, dependent or myself

Change in residence or work site by spouse, dependent, or myself

Court order, judgment or decree requiring child(ren) to be enrolled in health coverage

Dependent becoming eligible for Medicare/Medicaid

PROOF OF CHANGE IS REQUIRED

Employee Name (Printed)

Social Security Number

Employee Signature

Date

**I certify that I have had a Change in Status that necessitates a change in my election of benefits under the Internal Revenue Code 125 Flexible Compensation Plan.
(NOTE: The election change must be on account of and correspond with a change in status that affects eligibility for coverage under the University's plan.)**