

**PULASKI COUNTY PUBLIC SCHOOLS
FLEXIBLE BENEFIT PLAN
CHANGE IN STATUS FORM**

As of (date) _____ I have had a change in my family status due to:

- _____ Marriage
- _____ Divorce, Legal Separation or Annulment
- _____ Birth, Adoption, or Placement for adoption of a child
- _____ Death of my spouse/dependent
- _____ Termination or commencement of employment by my spouse or dependent
- _____ Switching from part-time to full-time (or vice-versa) employment on the part of me or my spouse, or dependent or reduction or increase in hours, strike or lockout
- _____ I, my spouse or dependent have taken an unpaid leave of absence
- _____ A change in the residence or worksite of myself, my spouse or dependent
- _____ My dependent satisfies or ceases to satisfy the requirements for coverage
- _____ Other: _____

As a result of this change, I request a change in my election per SEMI-MONTHLY or MONTHLY pay period.

	<u>PREVIOUS</u>	<u>NEW</u>
HEALTH CARE EXPENSES	_____	_____
DEPENDENT CARE EXPENSES	_____	_____

This change is to become effective with the pay period ending on _____

Employee's Name _____ SS# _____

Employee's Signature Date

Approval: By _____ Title _____
Authorized Person

**→ A Copy of this Form with Employer's Approval Must Be Sent To:
Flexible Benefit Administrators, Inc. P.O. Box 8188 Virginia Beach, VA 23450
• Documentation must be attached verifying the family status change.**