



Family Status Change Request Form

Instructions: Please complete this form so that we may initiate the process for you to make benefit selections for yourself and your family.

Your new Flex benefit choices will become effective on your date of qualified status change. However, you must return your elections within **31 days** of the event (**60 days** in the case of a birth or adoption of a child*); otherwise, your current benefit options will remain in effect until the next Open Enrollment period or until you experience another family status change. In this case you will receive a confirmation statement listing your benefits costs, which will be reflected in your pay.

** If you are enrolled in HMO coverage, you must notify the HMO within **31 days** of the family status change, regardless of the type of event.*

NOTE: This form gives notice of the family status change to your local benefits coordinator, who will provide you with a personalized Flex enrollment form. You must complete and return enrollment form(s) within 31 days of the family status change.

Location Code (LBC use only):	
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Employee's Name:	Date of status change
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Type of Status Change:

Marriage
 Birth/Newly Eligible Dependent
 Gain/Loss of Coverage
 Death
 Divorce (update address)
 Ineligible Dependent
 Domestic Partner Gain/Loss
 Other

Please enter any new/change dependent information below:

Name	Relationship	Date of Birth	Sex	Social Security Number

Please provide change of address; or address change for ex-spouse for COBRA continuation purposes:

New Address
 Ex-spouse Address

Street	City	State	Zip

Employee's Signature	Date
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