



Employee Change Of Status Form

Please mail the completed form to: MEBS – 3809 Lake Eastbrook Blvd SE, Grand Rapids, MI 49546
Or fax completed form to: (616) 458-3495. Questions? Please call MEBS Customer Service at: (800) 968-6327

Employee Name _____ Email Address _____

Employee Social Security Number _____ - _____

Employer Name _____ Effective Payroll Date _____

CHANGES

Plan Anniversary Change

Divorce

Marriage

Death of Spouse or Child

Birth/Adoption of Child

Termination of Spouse's Employment

Employment of Spouse

Return from Leave of Absence

Leave of Absence

Full-Time to Part-Time Status

Leave of Absence (FMLA)

Spouse's Pay Grade/Time Status Change

Dependent Status Change

Deduction Frequency Change*

Vendor Rate Change*

Other _____

Pay Frequency Change*

*Employee signature not required

TERMINATION (Please also complete the "Coverage" section)

Terminate Employment Termination Date _____

COVERAGE

Name	Deduct Frequency				Deduct Amounts	Add/Terminate
	Weekly	Bi-Weekly	Monthly	Other _____		
	Weekly	Bi-Weekly	Monthly	Other _____		
	Weekly	Bi-Weekly	Monthly	Other _____		
	Weekly	Bi-Weekly	Monthly	Other _____		
	Weekly	Bi-Weekly	Monthly	Other _____		

DEPENDENT INFORMATION (Fill out only if "adding or terminating a dependent")

Dependent's Name _____ Gender Male Female

Dependent's Social Security Number _____ - _____ Date of Birth _____

I certify that effective _____, I had a status change as indicated and request benefit changes be made accordingly.

Employee Signature _____ Date _____

This Form Completed By _____ Date _____

THIS FORM MUST BE MAILED WITHIN 30 DAYS OF THE QUALIFYING EVENT

MEBS USE ONLY

Change in deductions made on Pay Period No. _____ Pay Date _____

Signed by _____ Date _____