



MEBS 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 _____ Social Security # _____

Employer Name _____ Effective Payroll Date ____ / ____ / ____

CHANGES

- Plan Anniversary Change
- Marriage
- Birth/Adoption of Child
- Employment of Spouse
- Leave of Absence
- Leave of Absence (FMLA)
- Dependent Status Change
- Vendor Rate Change*
- Pay Frequency Change*
- Divorce
- Death of Spouse or Child
- Termination of Spouse's Employment
- Return from Leave of Absence
- Full-Time to Part-Time Status
- Spouse's Pay Grade/Time Status Change
- Deduction Frequency Change*
- Other _____

*Employee signature not required

TERMINATION (Please also complete the "Coverage" section)

Terminate Employment Termination Date ____ / ____ / ____

COVERAGE

Name	Deduct Frequency	Deduct Amounts	Add or Terminate

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

Dependent's Name _____ Gender Male Female

Dependent's SS# _____ 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 ____ / ____ / ____