



# 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_