

CHANGE IN STATUS FORM

EMPLOYER NAME: _____

EMPLOYEE INFORMATION

Employee Name (Last, First) : _____

Social Security Number : _____ - _____ - _____

Date of Birth : _____ / _____ / _____

CHANGE IN FAMILY STATUS

The Family Status Documentation must be filed within 30 days of the Family Status Change

IRS REGULATIONS FOR QUALIFYING CHANGE IN FAMILY STATUS

<input type="checkbox"/>	MARRIAGE/DIVORCE
<input type="checkbox"/>	LOSS OR GAIN OF DEPENDENT
<input type="checkbox"/>	BIRTH OR ADOPTION OF CHILD
<input type="checkbox"/>	COMMENCEMENT OR TERMINATION OF EMPLOYMENT OF SPOUSE
<input type="checkbox"/>	A FULL-TIME OR PART-TIME STATUS CHANGE OF EMPLOYEE OR SPOUSE
<input type="checkbox"/>	START/RETURN FROM UNPAID LEAVE OF ABSENCE BY EMPLOYEE OR SPOUSE
<input type="checkbox"/>	SIGNIFICANT CHANGE IN HEALTH COVERAGE OF EMPLOYEE OR SPOUSE ATTRIBUTABLE TO EMPLOYMENT
<input type="checkbox"/>	SIGNIFICANT CHANGE IN DEPENDENT / CHILD CARE COVERAGE ATTRIBUTABLE TO DAY CARE PROVIDER
<input type="checkbox"/>	SIGNIFICANT CHANGE IN COST OF COVERAGE OF AN ELIGIBLE INSURANCE PLAN
<input type="checkbox"/>	MILITARY LEAVE

HR/GROUP AUTHORIZED CONTACT USE ONLY

Date of Event: _____ Group Contact Signature: _____

Effective Payroll Date: _____

Employee Signature: _____

Date: _____

Please Return Form to:

 **Precision Administrators, Inc.**

3240 W. Britton Rd, Ste 202
Oklahoma City, OK 73120

 GROUP@PAIBenefits.com

 405-507-0700

THANK YOU