



FLEXIBLE BENEFITS FAMILY STATUS CHANGE APPLICATION

State of Tennessee • Department of Finance and Administration • Benefits Administration
26th Floor, William R. Snodgrass TN Tower • Nashville, Tennessee 37243 • 615.741.3590 or 1.800.253.9981 • Fax: 615.741.8196

This application is to be completed by the employee and the department. See the reverse side for guidelines.

EMPLOYEE INFORMATION			
Last Name	First Name	Middle Initial	Social Security Number
Home Address	City	State	Zip Code
Department Name	Dept ID / Budget Code	Work Phone	Employee ID (if known)

TYPE OF FAMILY CHANGE INCURRED	
<input type="checkbox"/> Marriage	<input type="checkbox"/> Ineligibility of dependent (due to age, marriage or loss of full-time student status)
<input type="checkbox"/> Divorce	<input type="checkbox"/> From full-time to part-time employment or vice versa (employee or spouse)
<input type="checkbox"/> Legal separation	<input type="checkbox"/> Unpaid leave of absence (employee or spouse)
<input type="checkbox"/> Death (employee, spouse or dependent)	<input type="checkbox"/> Significant change in health coverage due to spouse's employment
<input type="checkbox"/> Birth or adoption of child	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Termination of participant's state employment	
<input type="checkbox"/> Beginning or end of employment of spouse	

CHANGE REQUESTED		
State Group Insurance Premium	Medical Expense Account	Dependent Care Account
<input type="checkbox"/> I am terminating my medical insurance <input type="checkbox"/> I am adding medical insurance ----- <input type="checkbox"/> I am terminating my dental insurance <input type="checkbox"/> I am adding dental insurance	<input type="checkbox"/> Terminate contributions <input type="checkbox"/> Start account: I wish to contribute _____ annually , to be taken from each of my remaining regular paychecks <input type="checkbox"/> Change existing account: I wish to change from _____ per year to _____ per year to be taken from each of my regular paychecks	<input type="checkbox"/> Terminate contributions <input type="checkbox"/> Start account: I wish to contribute _____ annually , to be taken from each of my remaining regular paychecks <input type="checkbox"/> Change existing account: I wish to change from _____ per year to _____ per year to be taken from each of my regular paychecks

AUTHORIZATION	
This is to certify that on _____ (date of event), I incurred the family status change(s)* checked above and, therefore, wish to change my plan benefits as indicated. I understand that the change requested must be consistent with the family status change event. * You must submit documentation of your change of family status. Examples of documentation include: marriage, birth, or death certificates; divorce decrees; notices of legal separation; proof of change in spouse's employment; or adoption papers.	
Employee Signature	Date

OFFICIAL USE ONLY	
To be completed by Departmental Human Resource Officer	To be completed by Benefits Administration
Name _____	Date _____
Dept. _____	No. Paychecks Remaining _____
Mailing Address _____	Payroll Check Effective Date - Insurance _____
Phone _____ Date _____	Payroll Check Effective Date - Reimb. Acct(s) _____

Return to Benefits Administration at the address listed above. Keep a copy for your records.

For questions regarding enrollment or a family status change, please call Benefits Administration at 615.741.3590 or 1.800.253.9981.

For questions regarding reimbursement requests, please call the Department of Treasury at 615.532.3170 or 1.877.681.0155.

GUIDELINES

Participants have 90 days from the qualified event to file for a family status change.

Participants must inform their payroll officers of changes. Both the participant and the department officer must complete parts of the application.

The participant must attach proper documentation. Examples of documentation include the following:

- copy of marriage certificate
- copy of death certificate
- copy of divorce decree
- copy of legal separation papers
- copy of birth certificate (or temporary copy)
- copy of adoption documentation
- letter from spouse's employer containing date of termination
- copy of court order for bankruptcy

If a participant is awaiting an official certificate, he or she should submit the Family Status Change Application with any evidence available. If the application does not include all necessary information or documentation is not included, the participant will be contacted regarding conditions for completing the request.

Any participant changing a reimbursement account election should be sure to mark the new annual contribution to that reimbursement account. The plan will determine how much to deduct from each remaining paycheck based on the amount already contributed for the year and the number of pay periods remaining. No participant will be permitted to elect an annual contribution amount which is less than the amount already contributed during the year.

If the change application along with the proper documentation is received by the 15th of a given month and approved, the changes will be effective on the participant's end of the month paycheck. If received after the 15th of the month, the changes will be effective at the end of the next month.

Mail the change application and documentation to Benefits Administration. You should keep a copy for your records.