

**NEWPORT NEWS PUBLIC SCHOOLS  
FLEXIBLE BENEFIT PLAN  
CHANGE IN STATUS FORM**

As of (date) \_\_\_\_\_, I have had a change in my family status due to:

- Marriage
- Divorce, Legal Separation or Annulment
- Birth, Adoption, or Placement for adoption of a child
- Death of my spouse/dependent
- Termination or commencement of employment by my spouse or dependent
- Switching from part-time to full-time (or vice-versa) employment on the part of me or my spouse, or dependent or reduction or increase in hours, strike or lockout
- I, my spouse or dependent have taken an unpaid leave of absence
- A change in the residence or worksite of myself, my spouse or dependent
- My dependent satisfies or ceases to satisfy the requirements for coverage
- Other: \_\_\_\_\_

As a result of this change, I request a change in my election per **MONTHLY** or **BI-WEEKLY** pay period.

	<u>PREVIOUS</u>	<u>NEW</u>
HEALTH CARE EXPENSES	\$ _____	\$ _____
DEPENDENT CARE EXPENSES	\$ _____	\$ _____

**This change is to become effective with the pay period ending on \_\_\_\_\_.**

Employee's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
Employee's Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Approved By (Authorized Person) \_\_\_\_\_  
Title

➔ **A Copy of this Form with Employer's Approval Must Be Sent To:**  
**Flexible Benefit Administrators, Inc. P.O. Box 8188 Virginia Beach, VA 23450**  
**•Documentation must be attached verifying the family status change.**