

EMPLOYEE CHANGE OF STATUS FORM

Fill out a separate Change of Status Form for each benefit election change requested.

DATE: _____

EMPLOYEE NAME: _____

SSN: _____ DIVISION: _____

PLEASE READ: Before submitting this form, check the Change of Status matrix distributed with the Summary Plan Description to see if the change in election you are requesting is acceptable for your change in status. You must submit a Change of Status Form within 30 days of the changing event.

I want to replace an existing election with a new election effective: _____
EFFECTIVE DATE CANNOT BE BEFORE THE LATER OF DATE OF EVENT OR THE DATE FORM IS SIGNED AND RECEIVED BY PLAN ADMINISTRATOR.

Existing Benefit Election: _____

Deduction Amount per Pay Period: \$ _____

New Benefit Election: _____

Deduction Amount per Pay Period: \$ _____

My event is: _____

_____ Event Date: _____

I want to ADD A NEW ELECTION effective: _____
 TERMINATE AN ELECTION effective: _____

EFFECTIVE DATE CANNOT BE BEFORE THE LATER OF DATE OF EVENT OR THE DATE FORM IS SIGNED AND RECEIVED BY PLAN ADMINISTRATOR.

Deduction Amount per Pay Period: \$ _____

Benefit Election: _____

My event is: _____

_____ Event Date: _____

I certify that I have had the above change in status and request that changes in my elections be made as indicated. In no event may the actions be effective before the first pay period beginning after this form is completed and returned to your employer.

Employee Signature: _____ Date: _____

ACCEPTANCE OF CHANGE REQUEST

(COMPLETED BY PAYROLL DEPT. AS AUTHORIZED)

Change in deductions made on Pay Period No. _____ Pay Date: _____

Authorized Signature: _____ Date: _____

CDH PLANS CHANGE ENTRY RECORD

Change in deductions made on Pay Period No. _____ Pay Date: _____ System Doc. No. _____

Signed: _____ Date: _____