

Mail, Fax, or Email Completed Form to:
Better Business Planning - 125 West Orchard Street - Itasca, Illinois 60143-1764
Phone (630) 773-2337 – Fax (630) 775-8568 – E-mail support@bbpadmin.com



EMPLOYEE CHANGE OF STATUS FORM

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

Date: _____

Employee Name: _____

SS#: _____ **E-Mail Address or Phone #:** _____

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: _____ **Please See Second Page for List**

_____ **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: _____ **Please See Second Page for List**

_____ **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 Employee’s Payroll Department)	
Change in deductions made on Pay Period No. _____	Pay Date: _____
Authorized Signature: _____	Date: _____
BBP Authorized Signature and Confirmation: _____	

CHANGE OF STATUS EVENTS

I understand that the change in my benefit election must be necessitated by and consistent with the change in family status and that the change must be acceptable under the Regulations issued by the Department of Treasury.

I certify that I have incurred the following change in status:

1. Marriage
2. Divorce, Legal Separation or Annulment
3. Birth, adoption or placement for adoption of a child
4. Death of my spouse and/or dependent
5. Termination or commencement of employment by my spouse or dependent
6. Switching from part-time or full-time (or vice-versa) employment on the part of me or my spouse, or dependent or reduction or increase of hours, strike or lockout
7. Spouse, my dependent or I have taken an unpaid leave of absence
8. A change in residence or worksite of myself, my spouse or dependent
9. My dependent satisfies or ceases to satisfy the requirements for coverage
10. Other: _____

The Administrator may require you to provide evidence to document the event which requires the change of election.

IRS RULES – may change regarding permissible change of status events. Please view your Summary Plan Description or contact BBPadmin to see if your event is permissible.