

## Change in Family Status Verification Form

Employee Name	Social Security #	Date of Change	Employer Name
ADDRESS CHANGE (if applicable):			
New Address	Street	City	State
Old Address	Street	City	State
Email Address:			

**Description of the Change:**

- Marriage
- Divorce
- Taking a Leave of Absence
- Returning from Leave of Absence
- Addition or Loss of a Dependent
- Termination of Employment of Spouse
- Commencement of Employment of Spouse
- Switch from Part Time to Full Time for Self (or vice-versa)
- Switch from Full Time to Part Time for Spouse (or vice-versa)
- Other (Please describe in detail)\*

**CHANGE PER PAY PERIOD**

**CURRENT**

**CHANGE TO**

- |                             |       |       |  |
|-----------------------------|-------|-------|--|
| 1. Medical FSA Deduction    | _____ | _____ |  |
| 2. Dependent Care Deduction | _____ | _____ |  |

I hereby certify that I had a Change in Family Status as described above within the last thirty (30) days on the date recorded above. I understand that the change will be implemented only if I have made a timely request and if approved by my Employer. I further certify that the above information is true and accurate, and complete, and I understand that any pretax deductions taken from my pay as a result of this request containing erroneous information will be subject to federal income and state taxes. I hereby authorize my employer to change my payroll deductions effective the next pay cycle as indicated above.

By providing my email address above, I understand and agree that all correspondence concerning this account will be sent to me via email.

Employee Signature	Application Date
<b>EMPLOYER USE ONLY</b>	APPROVED      DENIED      EFFECTIVE DATE _____ The above Change is: DATE OF LAST PAYROLL DEDUCTION (if applicable) _____
	EMPLOYER'S SIGNATURE