RESET

UNIVERSITY OF TENNESSEE GROUP INSURANCE PROGRAM

FLEXIBLE BENEFITS FAMILY STATUS CHANGE APPLICATION

University of Tennessee • Department of Payroll and Benefits • Benefits Administration
P115 Andy Holt Tower • Knoxville, TN 37996 • 865.974.5251 • fax 865.974.3530

EMPLOYEE INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	PERSONNEL NUMBER

HOME ADDRESS	City	STATE	ZIP CODE

EMPLOYMENT DATE	RESPONSIBLE ACCOUNT	WORK PHONE	EFFECTIVE DATE

CHANGE REQUESTED

MEDICAL EXPENSE ACCOUNT	LIMITED PURPOSE ACCOUNT	DEPENDENT CARE ACCOUNT
☐ Terminate contributions	☐ Terminate contributions	☐ Terminate contributions
☐ Start account: I wish to contribute _____ annually, to be taken from each of my remaining regular paychecks	☐ Start account: I wish to contribute _____ annually, to be taken from each of my remaining regular paychecks	☐ Start account: I wish to contribute _____ annually, to be taken from each of my remaining regular paychecks
☐ Change existing account: I wish to change from _____ per year to _____ per year to be taken from each of my regular paychecks	☐ Change existing account: I wish to change from _____ per year to _____ per year to be taken from each of my regular paychecks	☐ Change existing account: I wish to change from _____ per year to _____ per year to be taken from each of my regular paychecks

TYPE OF FAMILY CHANGE INCURRED

REASON	DOCUMENTATION REQUIRED
☐ Marriage	Copy of marriage certificate
☐ Adoption / placement for adoption	Copy of adoption documents
☐ New employment	Letter, on company letterhead, from employer certifying hire date
☐ Return from unpaid leave	Letter, on company letterhead, from employer certifying date of return from unpaid leave
☐ Entitlement to Medicare, Medicaid or TRICARE	Letter of entitlement from Medicare, Medicaid or TRICARE or copy of new ID card
☐ Birth	Copy of birth certificate
☐ Divorce or legal separation	Copy of divorce decree or legal separation paperwork signed by judge
☐ Court decree or order	Copy of court decree or order signed by judge
☐ Open enrollment	Letter, on company letterhead, certifying date of eligibility for other coverage
☐ Death (employee, spouse or dependent)	Death certificate — not necessary if shows in Edison
☐ From full-time to part-time employment or vice versa (employee, spouse or dependent)	For employee, letter, on company letterhead, from spouse employer certifying change in status

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.

EMPLOYEE SIGNATURE	DATE

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. When the change application along with the proper documentation is received, the approved request will be effective the following pay period. You have **60 days** from the date of the event to submit proper documentation. No retroactive change will be allowed.