



**Montgomery County
Public Schools
Family Status Change Form**

MCPS's Cafeteria 125 Plan requires employees, who have pre-tax premium deductions, to experience a Qualifying Event before any changes can be made to the pre-tax deductions. This definition applies to Anthem Health Insurance and Gallagher products.

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

- Marriage
- Legal Separation
- Divorce
- Death of _____
- Birth of _____
- Adoption of _____
- Change in employment status of spouse or employee
- Other _____

****Documentation is required and must be attached verifying the family status change****

Family Status Change Forms must be received by Payroll & Benefits within **30 days** from the Qualifying Event date. For Anthem Health Insurance changes, an updated Enrollment Application or Member Change form must be attached. For Gallagher Optional Benefit changes, please contact the Payroll & Benefits Office for more information at 540-382-5100 ext. 1073 or ext. 1074. [Benefits that require additional forms to be completed will have an (*).]

[Please list below: EE only, EE + Spouse, EE + Child, EE + Children, or Family]

| Benefit(s) | Previous Deduction | New Deduction |
|--|--------------------|---------------|
| * Health Insurance - Anthem | | |
| * Health Savings Account (HSA) Deduction (Lumenos Health Ins.) | | |
| Flex Account (Medical, Dependent, or Limited) – FBA | | |
| * Dental (PPO or Standard Plan) – Ameritas | | |
| * VSP Vision – Ameritas | | |
| (Write In Other Optional Benefit: Unum, Chubb, etc.) | | |
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Employee Name (please print)

Date

Employee Signature

Employee ID or last 4 digits of SSN

| | | | |
|-------------------|--------------------|------------|--------------|
| Office Use: _____ | Approved by: _____ | Date _____ | Rev. 07/2020 |
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