

Fidelity Deposit & Discount Bank Change in Family Status Form

Employee Name: _____

Employee Address: _____

Employee Social Security Number: _____

I understand that the change in my benefit election must be necessitated by and consistent with the change in status and that the change must be acceptable under the REGULATIONS ISSUED BY THE DEPARTMENT OF TREASURY. The Administrator may require you to provide evidence to document the event.

I certify that I have incurred the following change in family status in the past 30 days:

_____ Marriage

_____ Divorce, Legal Separation or Annulment

_____ Birth, adoption or placement for adoption of a child

_____ Death of my spouse and/or dependent

_____ Termination or commencement of employment by my spouse or dependent

_____ Switching from part-time to full-time (or vice-versa) employment on the part of me or my spouse, or dependent or reduction or increase in hours, strike or lockout.

_____ I, my spouse or dependent have taken an unpaid leave of absence

_____ A change in the residence or work site of myself, my spouse or dependent

_____ My dependent satisfies or ceases to satisfy the requirements for coverage

_____ Other: _____

Effective Date of Change: _____

Medical: _____ Dental: _____ Vision: _____

Employee's Signature

Date