

CAFETERIA PLAN
CHANGE IN FAMILY STATUS VERIFICATION FORM

			FLORIDA STATE COLLEGE AT JACKSONVILLE		
<i>Employee Name</i>	<i>Social Security#</i>	<i>Date of Change</i>	<i>Employer Name</i>		
<input type="checkbox"/> ADDRESS CHANGE ONLY:					
<i>New Address</i>					
	<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP</i>	
<i>Old Address</i>					
	<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP</i>	

Description of the Change:

<input type="checkbox"/>	Marriage
<input type="checkbox"/>	Divorce
<input type="checkbox"/>	Taking a Leave of Absence
<input type="checkbox"/>	Returning from Leave of Absence
<input type="checkbox"/>	Addition or Loss of a Dependent
<input type="checkbox"/>	Termination of Employment of Spouse
<input type="checkbox"/>	Commencement of Employment of Spouse
<input type="checkbox"/>	Switch from Part Time to Full Time for Self (or vice-versa)
<input type="checkbox"/>	Switch from Full Time to Part Time for Spouse (or vice-versa)
<input type="checkbox"/>	Other (Please describe in detail)*

CHANGE PER PAY PERIOD

CURRENT AMOUNT

NEW AMOUNT

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-one 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.

Employee Signature _____ Application Date _____

EMPLOYER'S

USE ONLY

The above Change is APPROVED DENIED EFFECTIVE DATE _____

EMPLOYER'S SIGNATURE _____

DATE _____

**Forward this completed, signed form to:
P.O. Box 10269 ♦ Jacksonville, FL. 32247-0269
Fax: 904.421.3696; or Toll Free 866.598.7800**