



Change in Status Form

Check the appropriate boxes that apply*.

- Marriage
- Divorce
- Legal Separation
- Birth
- Adoption
- Death of Dependent
- Employment
- Termination of Spouse's Employment
- Loss of Dependent Status

MRP

Previous Status

- Employee Only
- Family

New Status

- Employee Only
- Family

** If changing to Family coverage, please complete the MRP Dependent form and submit with this form.*

Effective Date _____

I hereby elect to change the above as a result of my qualified change in status:

Print Name

Date

Employee Signature

Social Security Number

Company Name

Plan Administrator Name

Plan Administrator Signature



Please return this form within 30 days of Change in Status to: