



Contact Us Today!
www.myflexinfo.com

New Hire Status Change Form

Date:
Fax- # of Pages:

Please follow the steps below to thoroughly and accurately complete this form.

Step 1: Employee Information

Company Name:
Employee Name: SSN: Date of Birth:
Address: City: State: Zip Code:
Phone Number: Email Address:

Step 2: Status

Status: New Hire Qualifying Event Change in Status Currently on COBRA COBRA Paid Thru Date:
If either Qualifying Event or COBRA are checked above, please complete the following.
Date of Qualifying Event: Date Notice Sent: Date COBRA Elected:
COBRA Premium: Description of Event:
If a Termination, please indicate: Voluntary Involuntary

Step 3: Coverage Elected

Health/Rx Benefit Tier: Dental Benefit Tier: Vision Benefit Tier Health FSA Continued Health HRA Continued Other Benefit Tier

Step 4: Spouse and Child Information

Spouse Name: SSN: Date of Birth:
Address: City: State: Zip Code:
Female Male

Child #1 Name: SSN: Date of Birth:
Address: City: State: Zip Code:
Female Male

Please see page 2 to add more Child information.



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Company Name: _____

Child #2 Name: _____ SSN: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip Code: _____
 Female Male

Child #3 Name: _____ SSN: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip Code: _____
 Female Male

Child #4 Name: _____ SSN: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip Code: _____
 Female Male

Child #5 Name: _____ SSN: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip Code: _____
 Female Male

Please send completed form to Flex.