



LOUISIANA STATE UNIVERSITY

Flexible Benefits Plan

Status Change

I certify that I have had a change in Family Status that requires a change in my election of benefits under the Internal Revenue Code Section 125 (Flexible Benefits Plan).

The effective date is ____/____/____ and the status change is:

- I married.
- I divorced.
- My child was born.
- I adopted a child or acquired an eligible dependent other than a child.
- My spouse died.
- My child or an eligible dependent died.
- Due to the commencement/termination of employment of my spouse.
- Due to a change in my employment status or that of my spouse (part- time to full-time or vice versa or leave without pay).
- A significant change in the health coverage of the employee or spouse due to the employee's or spouse's employment.
- Due to a dependent no longer being eligible for coverage.
- Dependent eligible for coverage. Returning to full-time student status.
- Due to a change in dependent care provider.

Employee Name (printed)

Social Security Number

Employee Signature

____/____/____
Date