



# LAKEVIEW PUBLIC SCHOOLS

## STATUS CHANGE FORM

Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Employee's SS#: \_\_\_\_\_ Employee's Date of Birth: \_\_\_\_\_

Address Change

New Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Add Dependent

Delete Dependent

- Birth
- Marriage
- Other \_\_\_\_\_

- Death
- Divorce

- Not Student Status
- Elected Other Insurance
- Other \_\_\_\_\_

Dependent Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Add\Delete Effective Date: \_\_\_\_\_

Address if different from employee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Termination

Last day of coverage: \_\_\_\_\_

Lay Off

Lay Off Date: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_