

Change In Family Status Form

Name

Social Security Number

The County of El Paso
Employer Name

Phone Number

Check the box that applies to you:

Effective Date: _____

I. Family Status Change

- Marriage
- Divorce
- Death of employee spouse or dependent
- Birth or adoption of a child of an employee
- Starting of employment of employees spouse
- Switching from full-time to part-time employment (or vice versa)
- Taking an unpaid leave of absence

Other _____

II. Family Status Change

Group Health Insurance _____

Group Dental _____

FSA Medical _____

FSA Dependent Care _____

Other _____

Please Explain: _____

Employee Signature

Date