

ABC CHANGE OF STATUS REQUEST FORM

Coop Name _____

City _____ Group # _____

Employee Name _____

Social Security # _____ Date of Hire _____

Date of Birth _____

Current Address _____

EFFECTIVE DATE OF STATUS CHANGE: _____

- Termination
- Withdrawal Request
- Retirement (Spouse's Date of Birth ___ / ___ / _____)
- Layoff
- Transfer (To : _____)
- Address Change Only
- Divorce (Date Finalized ___ / ___ / _____)
- Dependent Termination
- Other (Specify : _____)

Deduction taken from employee through the month of _____

Did employee work at least 1000 hours in the Plan Year of termination? Yes No

Any billing adjustment needed? Yes No If yes, specify _____

Prepared by _____ Date: _____