



**Diversified
Administration, Inc.**
Tax Savings For Employers & Employees

3 Ways To Submit Your Claim Form and Receipts
E-mail: Claims@Div125.com
Fax 954-983-9695 or 954-983-0574
6600 Taft Street Suite 304, Hollywood, FL 33024

Employee Change In Status Form

Participant Information

Employer Name: _____

First Name: _____ Last Name: _____ SSN: _____ - _____ - _____

Reason for Change in Status

*Check the appropriate line to indicate a change in Family Status. One or more of the changes listed below qualifies you to change your Reimbursement Accounts and your Benefit Plan Elections. Changes must be submitted within thirty (30) days after the event and will become effective on the first payroll date after approval by the Plan Administrator. The election change that you make must relate directly to the change in status which occurred.

Open Enrollment on MarketPlace Exchange (medical insurance coverage only).

Employee Spouse Dependent

Change In Legal Marital Status:

Marriage Divorce Legal Separation

Change In Number Of Dependents:

Birth Or Adoption Of A Child Death Of A Spouse Or Dependent Court Order

Termination Or Commencement Of Employment By:

Employee Spouse Dependent

Change In Work Schedule Or Unpaid Leave Of Absence (Must Affect Eligibility For Benefits):

Employee Spouse Dependent

Explain: _____

Dependent Satisfies Or Ceases To Satisfy Dependent Eligibility Requirements:

Explain: _____

Change In Residence Or Work Site Of Employee, Spouse Or Dependent (Must Result In Change In Eligibility):

Explain: _____

Significant Change In The Health Coverage Of The Employee Or Spouse Attributable To The Spouse's Employment:

Explain: _____

Entitlement To Medicare Or Medicaid:

Explain: _____

Change In Daycare Provider Or In The Cost Of Dependent Daycare:

Explain: _____

Employee Signature

Please send this completed form, along with a new election form, to claims@div125.com

Effective Date of New Coverage: ____/____/____ Effective Payroll Date: ____/____/____

Employee Signature: _____