

Change In Family Status Form

Name El Paso County	Social Security Number
Employer Name	Phone Number

Check the box that applies to you:

Effective Date: _____

I. Family Status Changes

- 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. New Per Pay Period Deduction:

Group Health Ins. _____ Group Dental _____
FSA Medical _____ FSA Dependent Care _____
Other _____

Please explain:

Employee Signature	Effective Date
--------------------	----------------