

COUNTY OF SAN LUIS OBISPO  
INDIVIDUAL TAX SAVINGS PROGRAM

CHANGE IN FAMILY STATUS STATEMENT

**In addition to completing this form, you must complete a new enrollment form.**

PARTICIPANT INFORMATION:

Employee Name: \_\_\_\_\_

Personnel Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

My change in family status is: (check one):

- Marriage, divorce, death of spouse, legal separation, annulment
- Birth, adoption, placement for adoption, death
- Termination of employment, strike or lockout, commencement or return from unpaid leave, and/or change in work site for employee, spouse or dependent
- Commencement of employment, strike or lockout, commencement or return from unpaid leave, and/or change in work site for employee, spouse or dependent
- A change in employment status that affects eligibility under an employer plan
- Dependent satisfies or ceases to satisfy eligibility requirements (gain or loss of student status, reaches the limiting age for benefits, or any similar circumstance)
- Significant cost changes: increases or decreases in costs during the Plan year that affect the amount of dependent care expenses. (Health Care Spending Accounts are excluded from this section.)

DEPENDENT INFORMATION:

If your change in family status is due to marriage or birth or adoption of a dependent, or a change in your spouse's employment, please complete the following:

Spouse/Dependent (circle one) Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Spouse's Health Insurance Company or HMO: \_\_\_\_\_

IMPORTANT - READ BEFORE SIGNING:

I understand that I may revoke my previous election under the County of San Luis Obispo's Individual Tax Savings Program and make a new election for the rest of the period of coverage on account of a change in family status, provided that my revocation and new election are consistent with my change in family status. I further understand that my change in my election on account of a change in family status must be made within 31 days of the date the event occurs, and that it is my responsibility to maintain the documentation of proof of family status change.

\_\_\_\_\_  
Employee Signature

rev.3-09

\_\_\_\_\_  
Date Signed