



Qualifying Change in Status Form

THIS FORM MUST BE RETURNED WITHIN 30 DAYS OF QUALIFYING EVENT

Part 1 – EMPLOYEE INFORMATION

Employee Name

Employee Personnel #

Date of Event Change

Marital Status:

☐ Married

☐ Single

☐ MANAGEMENT

☐ IBEW

☐ UWUA

Location/Extension

Part 2 – BENEFIT CHANGES / ADD DEPENDENT(S) TO THE FOLLOWING PLAN(S)

☐ Medical – NYPA PPO

☐ Individual

☐ Family

☐ Medical – NYPA CHOICE (Management & UWUA only)

☐ Individual

☐ Family

☐ Medical – HMO

☐ Individual

☐ Family

☐ Vision – Davis (Management & IBEW only)

☐ Individual

☐ Family

☐ Dental

☐ Individual

☐ Family

☐ Other

I request a change in coverage due to the following Qualifying Change in Status. (Check below all that apply.)
I understand such a request is subject to approval based on IRS regulations.

Part 3 – REASON FOR CHANGE AND DEPENDENT DATA

(a) Change in marital status:

☐ Marriage

☐ Divorce

☐ Legal Separation

New Spouse Name

Date of Birth

SSN

Ex-Spouse Name

Date of Birth

SSN

(b)

☐ Birth or adoption

☐ Acquired dependent with guardianship

☐ Death of dependent

☐ Change in spouse/domestic partner’s employment/status:

☐ New Job

☐ Loss of Job

☐ Other:

Name

Date of Birth

SSN

Name

Date of Birth

SSN

Name

Date of Birth

SSN

Part 4 – Flexible Spending Accounts (FSA)

If you would like to change your election or start contributing to a Health and/or Dependent Care FSA, please indicate your new annual amounts below. To continue your participation, you must re-enroll each year during Open Enrollment.

Health Care FSA:

☐ Annual Amount

Effective Date

Dependent Care FSA:

☐ Annual Amount

Effective Date

I attest that the above information is true and accurate and that I have not misrepresented my family status. I understand I am required to provide documentation in support of this application (see list for valid forms of documentation). I understand that if I elect to participate in a contributory plan(s), I authorize NYPA to reduce my compensation each payroll period.

Employee Signature

Date

Type your name

Please return the completed form to the Benefits team in MyHR+.

REVISED 06/2025

Proof of Family Status Change (acceptable documentation)

- Marriage** - Marriage license
 - Divorce/legal separation** - First and last page of divorce decree to include judges’ signature
 - Birth or adoption** - Birth certificate/adoption papers, (or satisfactory proof of support and guardianship if dependent child is other than your natural, legally adopted or stepchild residing with you)
 - Death of dependent** - Death certificate
 - Change in spouse/domestic partner’s employment status** - Letter from spouse’s employer or proof coverage has ended
 - Spouse/domestic partner becomes totally disabled** - Attending physician’s statement certifying total disability
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