

ARCHDIOCESE OF LOUISVILLE
NOTIFICATION OF EMPLOYEE BENEFIT CHANGE

PARISH/GROUP NAME: _____ Group # _____

SEND COMPLETED FORM TO PERSONNEL OFFICE Fax: 502-585-2466

EMPLOYEE DATA:

- Check Items to Change**
- Employee Name _____
- Street Address _____
- City/State/Zip _____
- Phone: Home _____ Work _____
- Social Security Number _____ Annual Salary as of Jan. 1: \$ _____
- Position _____ Hours worked per week: _____
- Weeks worked per year: _____ Hours worked per year: _____

Current Employee Benefit Plans:

- Life Insurance / Long-Term Disability
- Health Insurance: Single E+1 Family
- Dental Insurance: Preventive Plus
- PPO Traditional Preferred
- EE EE+C EE+SP Family
- Vision Insurance: Single E+1 Family
- Short-Term Disability
- Health Care Spending Account \$ _____
- Dependent Care Spending Account \$ _____
- Reliance Standard Supplemental Life

New Employee Benefit Plans:

- Life Insurance / Long-Term Disability
- Health Insurance: Single E+1 Family
- Dental Insurance: Preventive Plus
- PPO Traditional Preferred
- EE EE+C EE+SP Family
- Vision: Single E+1 Family
- Short-Term Disability
- Health Care Spending Account \$ _____
- Dependent Care Spending Account \$ _____
- Reliance Standard Supplemental Life

Qualifying Event Reason: _____

Qualifying Event Date: _____

****If change affects Flexible Spending Accounts a copy of this form must be sent to AIM.**

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Attach applicable Humana enrollment/change forms

EMPLOYEE TERMINATION:

- TERMINATION DATE: _____ Date Benefit Change Effective: _____
(last day worked or last date of contract) (last day of the month)
- Reason for Termination: _____

- RETIREMENT DATE: _____ Meets eligibility for Group 180, Early Retirees,
AND elects coverage

Attach applicable Humana enrollment/change forms

EMPLOYEE TRANSFER:

- TRANSFER DATE: _____ Date Benefit Change Effective: _____
From Group #: _____ To Group #: _____ New Salary \$ _____

Attach applicable Humana enrollment/change forms

EMPLOYEE STATUS CHANGE:

- Number of Hours Worked Weekly From _____ To _____ Date Change Eff: _____ New Salary \$ _____
- Other: (Explain) _____

Employee Signature _____ Date _____

Bookkeeper/Administrator _____ Date _____

