



Premier Benefits Solutions

P.O. Box 1878, Tallahassee FL 32302-1878  
Fax 850-514-5803

**Commonwealth of Virginia  
Employee Status Change Form**

To: <b>FBMC Commonwealth of Virginia Processor</b>		Date:
From:	Agency Number:	
Phone Number:	Agency Name:	

**FBMC Deduction Management Department**

**Please fax form to 850-514-5803**

**These changes apply to (check applicable box):**

- Pre-tax TSA Contributions and Employer Cash Match
- Post-tax products or
- Both

**If an employee has separation from state service (terminated, resigned, retired), please complete the following information:**

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

Employee ID #: \_\_\_\_\_ Benefit End Date\*: \_\_\_\_\_

**If an employee is on "Leave Without Pay", please complete the following information:**

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

Employee ID #: \_\_\_\_\_ Effective Date of Leave\*: \_\_\_\_\_

Effective Return Date\*: \_\_\_\_\_

**If an employee transfers to another agency, please complete the following information:**

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

Employee ID #: \_\_\_\_\_ Effective Date of Transfer\*: \_\_\_\_\_

Old Agency Number and Name: \_\_\_\_\_

New Agency Number and Name: \_\_\_\_\_

\*All dates should reflect the Pay Day upon which the status change is effective.