



Commonwealth of Virginia Department of Accounts  
**Employee Status Change Form**

**BENEFITS MANAGEMENT**

Mail Slot #37, P.O. Box 1878, Tallahassee FL 32302-1878  
Fax 850-514-5803 • Phone 800-872-0345

To: FBMC Commonwealth of Virginia Processor		Date:
From:	Agency Number:	
Phone:	Agency Name:	

FBMC Benefits Administration Department  
Please fax form to 850-514-5803

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

- Pre-Tax TSA Contributions
- Post-Tax products
- Both

**Separation from State Service**

- Employee separated from state service (terminated, resigned, retired).**

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

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

**Leave Without Pay**

- Employee is on Leave without Pay.**

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

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

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

**Transfer to Another Agency**

- Employee transfers to another agency.**

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.