



BENEFITS MANAGEMENT

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

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

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):

- 403(b) Contributions
- Post-Tax Deduction
- Both

Seperation from State Service

- Employee seperated 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 fransfers 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.