Print Form

Change of Status Form

CAS
Consolidated Admin Services
P.O. Box 1513
Cabot, AR 72023
Phone: 501-941-5956
Fax: 877-641-5956
info@consolidatedadmin.com
www.consolidatedadmin.com

Date

Employer

SSN

First Name

Last Name:

Address:

☐ Check here if new address

Fill out the top and bottom sections of this form.

Choose the applicable sections to fill out in the middle of the form. This form must be submitted within 30 days of your event change.

For additional information on IRS status changes please refer to the Change of Status Matrix.

Replace Current Election

☐ I want to replace an existing election with a new election

Existing Benefit: Existing Deduction Amount:

New Benefit: New Deduction Amount:

Change of Status Event:

Event Date: Payroll Effective Date:

Terminate Election

☐ I want to terminate a Benefit Election

Terminating Benefit:

Change of Status Event:

Event Date: Payroll Effective Date:

New Election

☐ I want to add a new election

New Benefit

Change of Status Event:

Event Date: Payroll Effective Date:

I certify that I experienced the above change of status events. I certify the statement and information on this change of status form are accurate and true.

Employee Signature: Date:

Employer Signature: Date:

Mail form to: P.O. Box 1513, Cabot AR 72023; Fax claims to: 877-641-5956; or E-mail claims to: info@consolidatedadmin.com
For questions regarding your claims please call: 501-941-5956