

Janet Mills, Governor

## STATE OF MAINE DEPARTMENT OF ADMINISTRATIVE & FINANCIAL SERVICES

Bureau of Human Resources
Division of Employee Health & Wellness
61 State House Station
Augusta, ME 04333-0114

HEALTH INSURANCE SUBSIDY PROGRAM FOR LAW ENFORCEMENT OFFICERS AND FIREFIGHTERS

Shonna Poulin-Gutierrez, Executive Director

## **Status Change Form**

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Municipality:	
Employee Information:   Phone Change   Address Change	
Name Change Other _	
Name: Phone:	EE Email:
Mailing Address:	
SSN: Date of Birth: / / Da	ate of Hire: / /
Reason for Change:	
☐ Termination date: / / ☐ Date active he	alth insurance ends//
Retirement date: /   Retiree return to work: /	
☐ Withdrawal date: / / ☐ Transfer date: / /	
☐ Leave of absence from: / / to / / ☐ Other:	
*If on a leave of absence, please notify Employee Health & Wellness when employee starts and returns.	
Date of Last Paycheck Contribution://	
If employee becomes employed with another municipality, the employed Health Insurance Subsidy Program through the new municities participating with the Subsidy Program.	• •
Please list name of new municipality if known:	· · · · · · · · · · · · · · · · · · ·
Employees are responsible for all contributions through the date Department of their withdrawal, retirement, or termination. Mur	
Contact Person:	Phone:
E-mail:	
Employer Signature:  Please send form to FF-LEO. 61 State House Station, Augusta, ME 04333	Date: 4
Please send form to FF-LEO 61 State House Station Augusta ME 04333	R or email to: loan M Hanscom@maine gov