



STATE OF MAINE  
DEPARTMENT OF ADMINISTRATIVE & FINANCIAL SERVICES  
Bureau of Human Resources  
Division of Employee Health and Wellness  
61 State House Station  
Augusta, ME 04333-0114

Janet Mills, Governor

Shonna Poulin-Gutierrez, Ex. Director

**HEALTH INSURANCE SUBSIDY PROGRAM FOR  
LAW ENFORCEMENT OFFICERS AND FIREFIGHTERS  
Status Change Form**

REV 10.2021

**Municipality Name:** \_\_\_\_\_

**Employee Information:**  Phone Change  Address Change

Name Change \_\_\_\_\_ New Name: \_\_\_\_\_  
(Old Name)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ EE Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

SSN: \_\_\_ - \_\_\_ - \_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Date of Hire: \_\_\_ / \_\_\_ / \_\_\_

**Reason for Change:**

Termination date: \_\_\_ / \_\_\_ / \_\_\_  Date active health insurance ends \_\_\_ / \_\_\_ / \_\_\_

Retirement date: \_\_\_ / \_\_\_ / \_\_\_  Retiree return to work: \_\_\_ / \_\_\_ / \_\_\_

Withdrawal date: \_\_\_ / \_\_\_ / \_\_\_  Transfer date: \_\_\_ / \_\_\_ / \_\_\_

Other: Reason \_\_\_\_\_ Dates \_\_\_ / \_\_\_ / \_\_\_

Leave of absence from: \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_  Other: \_\_\_\_\_

If on a leave of absence, please notify Employee Health & Benefits when employee starts and returns

Going from Full time to Part time no longer eligible to continue with Program \_\_\_ / \_\_\_ / \_\_\_

No longer eligible because they are no longer in a Firefighter/Law Enforcement Position \_\_\_ / \_\_\_ / \_\_\_  
(ex- Position transfer to Code Enforcement Officer, Animal Controller Officer, etc.)

If employee becomes employed with another municipality, the employee is eligible to continue the FF/LEO Health Insurance Subsidy Program through the new municipality if the new municipality is participating with the Subsidy Program.

Please list name of new municipality if known: \_\_\_\_\_

**Municipality Information:**

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Employer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please send form to FF-LEO, 61 State House Station, Augusta, ME 04333 or email to: [Info.FFLEO@Maine.gov](mailto:Info.FFLEO@Maine.gov)

