Janet Mills, Governor

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

Shonna Poulin-Gutierrez, Ex. Director

HEALTH INSURANCE SUBSIDY PROGRAM FOR LAW ENFORCEMENT OFFICERS AND FIREFIGHTERS

Status Change Form

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 the 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 an 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 participates in the Subsidy Program.

Please list name of new municipality if known: _____

Municipality Information:

Contact Person: _____ Phone: _____

E-mail: _____

Employer Signature: _____ **Date:** _____

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