



Janet Mills, Governor



Shonna Poulin-Gutierrez, Ex. Director

The Retired County & Municipal Law Enforcement
Officers & Municipal Firefighters
Health Insurance Program (FF-LEO)
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 the Office of Employee Health, Wellness, & Workers' Compensation 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 The Retired County & Municipal Law Enforcement Officers & Municipal Firefighters Health Insurance Program (FF-LEO) through the new municipality if the new municipality participates in the 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