



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



Janet Mills, Governor

Shonna Poulin-Gutierrez, Ex. Director

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

REV 04/2025

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, Wellness, & Workers' Compensation 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