

MOODY BIBLE INSTITUTE FAMILY STATUS CHANGE FORM

Employee Name: _____ Moody ID: _____

Supervisor: _____

Family Change Type

- | | | |
|--|-----------------|--|
| <input type="checkbox"/> Adoption* | Effective date: | |
| <input type="checkbox"/> Birth of baby** | Birth date: | |
| <input type="checkbox"/> Change in Spouse's Employment | Effective date: | |
| <input type="checkbox"/> Death of dependent*** | Death date: | |
| <input type="checkbox"/> Divorce* | Effective date: | |
| <input type="checkbox"/> Legal Guardianship* | Effective date: | |
| <input type="checkbox"/> Legal Separation* | Effective date: | |
| <input type="checkbox"/> Marriage**** | Effective date: | |
| <input type="checkbox"/> Overage Dependent | Effective date: | |
| <input type="checkbox"/> Other [†] _____ | Effective date: | |

* Attach a copy of the appropriate court document indicating effective date (legal separation, adoption or guardianship) or the Dissolution of Marriage certificate (divorce).

** Attach a copy of the birth certificate.

*** Attach a certified copy of the death certificate.

**** Attach a copy of the marriage certificate.

† Attach appropriate documentation.

Dependent Information

Action <small>(add or drop)</small>	Name <small>(last name, first name, initial)</small>	SS# <small>(provide ASAP)</small>	Birthdate	Relationship <small>(spouse or child)</small>

Employee signature

Date

Human Resources signature

Date

Please return this form to Human Resources within 30 days of the event date