FBMC
BENEFITS MANAGEMENT

FBMC Benefits Management
Mail Slot #37, P.O. Box 1878
Tallahassee, FL 32302-1878
Fax (850) 425-8345
Phone (844) 822-4968

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ACCOUNTS

EMPLOYEE STATUS CHANGE FORM

To: FBMC Commonwealth of Virginia Processor	DATE
FROM:	AGENCY #:
PHONE:	AGENCY NAME:

FBMC BENEFITS ADMINISTRATION DEPARTMENT

PLEASE FAX FORM TO (850) 425-8345

SEPERATION FROM STATE SERVICE

☐ Employee separated from state service (terminated, resigned, retired).

NAME: ______________________________

Employee ID #**:** ____________________ Benefit End Date**:** ____________________

LEAVE WITHOUT PAY

☐ Employee is on Leave without Pay.

NAME: ______________________________

Employee ID #**:** ____________________ Eff. Date of Leave***:** ____________________

Eff. Return Date***:** ____________________

TRANSFER TO ANOTHER AGENCY.

The employee will need to complete **new SRA& SDA forms** to restart their benefits.

☐ Employee transfers to another agency.

NAME: ______________________________

Employee ID #**:** ____________________ Eff. Date of Transfer***:** ____________________

Old Agency Number and Name: ______________________________

New Agency Number and Name: ______________________________

* All dates should reflect the Pay Day upon which the status change is effective.

NOTE: The Employee must arrange to pay premiums through direct bill after term date or until new deduction is established.