

Lifestyle Change Notification Form

Please complete the following boxes in capitals.

(We may require you to provide proof of the Lifestyle Change in some circumstances)

First Name		Surname		Employee Number	
Department		Work Tel.		Work E-Mail Address	

I confirm that I have experienced the following Lifestyle Change(s) and wish to change my benefit selections under Rewards Extra. Please tick any that apply.

<input type="checkbox"/>	Event	<input type="checkbox"/>	Event	Effective Date
<input type="checkbox"/>	Marriage or civil partnership	<input type="checkbox"/>	Divorce/legal separation/dissolution of civil partnership	
<input type="checkbox"/>	Birth or at key stages in adoption of a child	<input type="checkbox"/>	Becoming pregnant/notification of pregnancy or commencement of/return from maternity leave	
<input type="checkbox"/>	Redundancy of partner/other involuntary loss of job	<input type="checkbox"/>	Death of a partner or dependant	
<input type="checkbox"/>	Long-term sick leave	<input type="checkbox"/>	Return from long-term sick leave	
<input type="checkbox"/>	Commencement of or return from secondment	<input type="checkbox"/>	Commencement of or return from unpaid leave of greater than 3 months (adoption, paternity, sabbatical, career break, etc.)	
<input type="checkbox"/>	A significant change in hours	<input type="checkbox"/>	Decrease in Notional Salary of 20% or more	
<input type="checkbox"/>	University initiated changes to contractual terms and conditions			
<input type="checkbox"/>	Leaving the USS or UoY Pension Fund			
<input type="checkbox"/>	Pensions Extra (USS & UoY) - Reaching State Pension Age (currently 60 for women and 65 for men)			
<input type="checkbox"/>	Pensions Extra (USS & UoY) - Change of Grade leading to change of Pension Scheme membership			
<input type="checkbox"/>	Car Parking Extra & Bus Ticket Extra - Loss of driving licence			
<input type="checkbox"/>	Childcare Extra or Nursery Extra - A significant change in childcare circumstances or eligibility for childcare grant for children over 3 years old			
<input type="checkbox"/>	Cycletowork Extra – Moving home (ie closer to the University), theft of bicycle, travel to work lifestyle change.			

Please indicate which benefits are affected by the Lifestyle Change(s):

Salary Exchange Benefits	Pensions Extra		Childcare Extra		Cycletowork Extra
Voluntary Benefits (Medical/Dental Insurance or Health Screening)					

Please return this form to the address below.

The University will confirm receipt of this form and will arrange for your Rewards Extra benefit enrolment to be re-opened at the next opportunity. Please keep a copy of this form for your records.

Signed	Date
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Please send the signed form to:	For internal use only	
HR Services University of York Heslington Hall York, YO10 5DD	ETS Number	
	Approval by	
	Date Approved	
	Benefits Agreed	