

FLEXIBLE BENEFITS PLAN CHANGE IN STATUS FORM

Employer Name: _____

Employee Name: _____ Employee ID: _____

Employee Address: _____

Plan Year: _____ Plan: Premiums Healthcare Dependent Day Care

As a participant in the cafeteria plan, I am entitled to **revoke** my prior benefit election and make a new election for the remainder of the plan year in the event of certain change in status events.

Two separate periods of coverage are created, and claims are only eligible from the period in which they occurred. This means expenses incurred prior to the effective date of this change are only reimbursable up to the election amount in place prior to this new election. This new election amount can only be used for services incurred after this change is effective.

The new election cannot lower my election below what has already been reimbursed.

I understand that the change in my benefit election must be necessitated by and consistent with the change in status event, "affect eligibility" for the benefit, be acceptable under the Regulations issued by the Department of Treasury and my Employer's Plan, as well as made in a timely basis from the date of the event.

I certify that I have incurred the following change in status event:

- _____ Marriage
- _____ Divorce, Legal Separation or Annulment
- _____ Birth, adoption or placement for adoption of a child (*effective as of the date of birth or placement)
- _____ Death of my spouse and/or dependent
- _____ Termination or commencement of employment by my spouse or dependent
- _____ Switching from part-time to full-time (or vice-versa) employment on the part of me, my spouse, or dependent or reduction or increase in hours, strike or lockout
- _____ I, my spouse or dependent has taken or returned from an unpaid leave of absence
- _____ A change in the residence or worksite of myself, my spouse or dependent
- _____ My dependent satisfies or ceases to satisfy the requirements for coverage
- _____ Me, or my dependent has enrolled under a qualified health plan offered through a marketplace.
- _____ Other (Must be approved as eligible): _____

The Event listed above occurred on this date: _____

Current Annual Election: _____ New Annual Election: _____

New Per Pay Amount: _____

The Administrator may require you to provide evidence to document the event that allows the change of election.

Employee's signature

Date

Administrator

Date

For Administrative Use Only - Any new election shall be effective at such time as the Administrator shall prescribe, but not earlier than the first pay period beginning after the election form is completed and returned to the Administrator. Birth or Adoption are the only events effective as of the date of birth or placement.

Effective Date: _____ Per Pay Period Amount: _____