

Employee Information

Employer Name _____

Employee Name _____ Social Security Number _____

Street Address _____ Daytime Phone Number _____

City _____ State _____ Zip Code _____

Date of Change: _____

Nature Of Change

Add	Drop	Change	Benefit	Company Plan	Section 125 Deduction	Employer-Paid Premium
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Insurance	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dental Insurance	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision Insurance	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dependent Care	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health FSA	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

Qualifying Life Status Change

Change in Status:

Other Qualifying Events:

- Change in marital status
- Change in number of dependents
- Change in employment status affecting benefit eligibility of you, your spouse or your dependent
- Change in number of work hours for:
 - Self
 - Spouse or dependent
- Dependent satisfies or cease to satisfy eligibility requirements
- Residence change affecting benefit eligibility of you, your spouse or your dependent

- Significant cost increase
- Significant curtailment of coverage
- Addition/deletion of benefit package option
- Change in coverage of spouse or dependent under another employer's plan
- Family Medical Leave Act
- HIPAA special enrollment rights
- Entitlement to Medicare or Medicaid
- COBRA qualifying event
- Judgments, decrees, or orders (e.g. QMCSO)

Consistency

An election change is allowed only if it is consistent with the change in status. The general consistency rule is the requested change must be one account of and corresponding with a change in status that affects eligibility for coverage under the plan. If the status change is your divorce, annulment, or legal separation, or the death of your spouse or dependent, or a dependent ceases to satisfy eligibility requirements for coverage, you can only cancel accident and health insurance coverage for the spouse or dependent, as applicable. If you or your spouse or dependent gains eligibility for coverage under another employer's qualified benefit plan as a result of a change in marital or employment status, you can cease or decrease coverage for that individual only if coverage for that individual becomes effective or is increased under another employer's plan.

Cost or coverage changes do not apply to Health FSA benefits.

Authorization

I have reviewed the terms of my Employer's Flexible Benefits Plan. I understand that the changes I direct on this form will be deducted from my compensation on a pre-tax basis and the deductions cannot be changed until the next plan year unless there is a change in status. I have read and agree to the terms of participation.

I certify the above information is true.

Employee's Signature: _____ Date: _____

For Employer Use Only:					
Company Name:	Division:	Effective Date:	Pay Cycle:	Entered in Payroll:	Initials: