



CHANGE IN STATUS FORM

Employee Name: _____

Employee Mailing Address: _____

Employee Social Security Number: _____ Daytime Phone: _____

Date of Qualifying Event: _____

Plan Year: _____ through _____

As a participant in the Plan, I am entitled to revoke my prior benefit election and enter into a new election in the event of certain changes in status.

Two requirements must be met to allow a participant to make a mid-year election change. There must *first* be a qualifying change in status event and *second*, the requested change in election must be *consistent* with the event.

Example(s): The events of marriage, birth, and adoption would allow an increase in a participant's medical care reimbursement and health insurance premium elections. Decreased elections for the same accounts would be allowed in the events of divorce, annulment, legal separation, or death of dependent. In these examples, the increase or decrease is *consistent* with the event (the change in number of dependents).

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
- _____ Death of my spouse and/or dependent
- _____ **Termination** or **commencement** of employment by my spouse or dependent (**circle event**)
- _____ Switching from **part-time to full-time** or **full-time to part-time** employment on the part of me, my spouse or dependent or reduction or increase in hours, strike or lockout (**circle event**)
- _____ I, my spouse or dependent have taken an unpaid leave of absence
- _____ A change in the residence or work site of myself, my spouse or dependent

_____ My dependent *satisfies* or *ceases to satisfy* the requirements for coverage (*circle event*)

_____ I, my spouse or dependent have lost group health coverage sponsored by my spouse's employer

_____ Other (*Identify*): _____

Explain your change in status event in the space provided below (*Required*):

I understand that the change in my benefit election must be acceptable under the Regulations issued by the Department of Treasury and that my completion of this form does not guarantee the approval of my request.

Participants must submit change in status and new election forms within 30 days of the qualifying event. **The effective date of the election change will be the date the participant signs the form.** This date may not be prior to the date of the qualifying event. Only expenses incurred on or after the date the participant signs the form may be paid with an increased election amount.

If there is any question regarding an election change, contact your Human Resource or Payroll department or FlexConnect at 866-640-3539.

PLEASE SIGN AND RETURN, ALONG WITH A NEW ELECTION FORM, TO THE EMPLOYER'S PAYROLL DEPARTMENT.

Employee's Signature

Date _____

Accepted and Agreed to by:

EMPLOYER

By: _____ Date _____

Received and Approved by:

FlexConnect

By: _____ Date _____