# SECTION 125 FLEXIBLE BENEFIT PLAN
# CHANGE VERIFICATION/ELECTION FORM

| Employer | Emp. ID. No. |
|---|---|
| Name of Employee | Soc. Sec. No. |
| E-mail address: | |

I have experienced the following change in status, or other qualifying event, and wish to revoke my existing election and make a new election for the remainder of the current plan year:

**Change in Status Event**

____ **Change in legal marital status (marriage, divorce, death of spouse, legal separation, annulment)**
____ **Change in number of tax dependents (birth, adoption, placement for adoption, or death)**
____ **Change in employment status affecting benefit eligibility of you, spouse or dependent (termination or commencement of employment, change in hours or classification, strike or lockout, commencement or return from unpaid leave of absence or change in worksite)***
____ **Tax dependent satisfies or ceases to satisfy eligibility requirement (attainment of age, gain/loss of student status, marriage, etc.)**
____ **Residence change of you, spouse, or dependent affecting your eligibility for coverage**

**Other Qualifying Events**

____ **Significant cost increase or decrease**
____ **Significant curtailment of coverage (with or without loss of coverage)**
____ **Addition or significant improvement of a benefit package option**
____ **Change in coverage under other employer's plan**
____ **Loss of coverage under group health plan of governmental or educational institution**
____ **FMLA leave**
____ **HIPAA special enrollment**
____ **Entitlement to, or loss of eligibility for, Medicare or Medicaid**
____ **COBRA qualifying event**
____ **Judgments, Decrees, Orders (e.g., QMCSO)**

*If terminated & rehired within 30 days, you must "step back" into previous election.

If you have a change in status event, explain why your requested election change is "on account of and consistent with" your change in status. An election change is allowed only if it is consistent with the change in status. **(The general consistency rule is that the requested change must be on account of and corresponding with a change in status that affects eligibility for coverage under an employer's plan.)**

**Explanation:** ______________________________________________

______________________________________________

**SPECIAL CONSISTENCY RULES FOR ELECTION CHANGE *DUE TO CERTAIN CHANGES IN STATUS***

*Loss of dependent eligibility:* If the status change is your divorce, annulment or legal separation, the death of your spouse or dependent, or a dependent who ceases to satisfy eligibility requirements for coverage, you can cancel coverage for the affected person only.

*Gaining eligibility:* If you, your spouse or dependent gains eligibility for coverage under another employer's cafeteria plan or 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.

*Life, disability, or dismemberment coverage:* If there has been a change in status, you may increase or decrease group term life, disability income or dismemberment coverage to correspond with the change, even if the event does not result in gain or loss of eligibility.

*Dependent care:* You can make an election change if (1) the election change is on account of and corresponds with a change in status that affects eligibility for coverage under an employer's plan, (2) the election change is on account of and corresponds with a change in status that affects eligibility of dependent care expenses under Section 129 or (3) the election change is on account of and corresponds with a change in cost or change in coverage provided under the employer's plan.

Election changes can also be made for other qualifying events. **Generally, no changes to the Medical Expense Reimbursement Account are allowed. No cost changes are allowed if the daycare provider is a relative.** Please make your changes below.

| ADD | DROP | CHG | BENEFIT | COMPANY/ PLAN | SECTION 125 | AFTER-TAX DEDUCTION | EMPLOYER-PAID |
|---|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | Medical Insurance | | | | |
| ☐ | ☐ | ☐ | Dental Insurance | | | | |
| ☐ | ☐ | ☐ | Vision Insurance | | | | |
| ☐ | ☐ | ☐ | Disability Income | | | | |
| ☐ | ☐ | ☐ | Cancer Policy | | | | |
| ☐ | ☐ | ☐ | Group Life | | | | |
| ☐ | ☐ | ☐ | Medical Reimbursement | | | | |
| ☐ | ☐ | ☐ | Dependent Care | | | | |
| ☐ | ☐ | ☐ | ____________ | | | | |
| ☐ | ☐ | ☐ | Administration Fee | | | | |
| | | | TOTALS | | | | |

This election form revokes any prior election form completed and will remain in effect and cannot be revoked or changed during the plan year, unless the revocation and new election are on account of and consistent with a valid status change, or other qualifying event. Participation will automatically cease upon termination of an employee's employment.

Changes are effective the first of the month following the date this form is submitted. You may need to complete an application for coverage being added or changed.

I certify that the above information is true.

Date ____________________ Signature of Employee ______________________________

Date ____________________ Employer Approval ______________________________