

**SECTION 125 FLEXIBLE SPENDING ACCOUNT PLAN  
CHANGE IN STATUS/TERMINATION OF ELECTION FORM**

*Complete this form when a change in status has occurred which affects your Cafeteria Plan election.  
This form must be submitted to your Human Resources department within 30 days of event. HR approval is required for change.*

<b>Company Name</b>	<b>Effective Date of Change</b>
<b>Employee Name</b>	<b>Social Security Number</b>
<b>Employee Address</b>	<b>Phone Number</b>
<b>If Terminating, Date of Last Deduction</b>	<b>E-Mail Address</b>

As a participant in the Section 125 Cafeteria Plan, I am entitled to revoke my prior benefits election and enter into a new election in the event of certain changes in status. I understand that the change in my benefits election must be due to and consistent with the change in status and that the change must be acceptable under the Regulations issued by the Department of Treasury.

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

**Change in Marital Status**

- Change in legal marital status including marriage, death of the spouse, divorce, legal separation or annulment.

**Change in Number of Tax Dependents**

- Change in the number of tax dependents including birth, adoption, placement for adoption or death of a dependent.

**Changes in Spouse or Dependent's Eligibility Under an Employer's Plan**

- Change in dependent status in satisfying or ceasing to satisfy the eligibility requirements of the plan, such as attainment of limiting age or student status or change in marital status.
- Judgment, decree or order including the imposition of a Qualified Medical Child Support Order
- Gain or loss of Medicaid or Medicare entitlement
- Entitlement to COBRA.
- Special requirements relating to the Family and Medical Leave Act (FMLA)

**Change in Employment Status That Changes Eligibility Status**

- Change of employment status, such as termination or commencement of employment by the employee, spouse or dependent.
- Change in work schedule, such as a reduction or increase in hours of employment by the employee, spouse or dependent, including a switch between part-time and full-time, a strike or lockout, a change in worksite, or commencement or return from an unpaid leave of absence.
- Change in eligibility due to change in residency of the employee, spouse or dependent.

**Change in Cost or Coverage (applicable for health insurance and dependent care assistance account elections only and not for Unreimbursed Medical Spending Account)**

- Significant cost increase in your or your dependent's coverage
- Significant curtailment of your or your dependent's coverage
- Addition or elimination of benefit package option under your or your dependent's employer's plan
- Change in coverage or open enrollment of spouse or dependent under other employer's plan provided that the employee, spouse or dependent elects coverage under the dependent's plan.
- Dependent care provider is replaced by another.

**PLEASE CHANGE MY ELECTION(S) AS FOLLOWS:**

	Premium Conversion Plan		Unreimbursed Medical FSA		Dependent Care Expense Plan	
	FROM	TO	FROM	TO	FROM	TO
<b>Annual Election Amount</b>	\$	\$	\$	\$	\$	\$
<b>Per-Pay-Period Election Amount</b>	\$	\$	\$	\$	\$	\$
<b>Date Effective for Payroll Change</b>						
<b>Employee Signature:</b>					<b>Date Signed:</b>	
<b>HR Approval:</b>					<b>Date Signed:</b>	