

Flexible Benefit Change/Termination Form

Plan Year: _____ Date of Event: _____
 Employee Social Security Number: XXX-XX - _____
 First Name: _____ MI: _____ Last Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone: (____) _____ Employer: _____

CHANGE IN PARTICIPATION, MID-YEAR ENROLLMENT DUE TO A STATUS CHANGE, or TERMINATION

I hereby revoke any previous authorization for the current year and authorize my employer to make the pre-tax payroll deductions, which I have indicated below. I understand that the deducted amounts will be available for the reimbursement of my qualifying expenses incurred during the calendar year from my effective date under the terms of the formal plan document. I also understand that deductions will be taken in equal amounts from each of my paychecks, but only if my pay is sufficient to cover those amounts.

If you have terminated and are rehired *within* 30 days, your prior election amounts are reinstated unless another event has occurred that allows a change. If you have terminated and are rehired *after* 30 days, you may make new elections. Changes cannot be made retroactively and the mid-year election change must be consistent with the status change that affects eligibility for coverage under the plan. **Please check the appropriate qualifying event below:**

Change in Marital Status:

Marriage	Divorce or Annulment	Legal Separation	Death of Spouse
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Change in Number of Tax Dependents:

Birth	Adoption	Death of Dependent
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Change in Employment Status That Affects Eligibility for You, Your Spouse or Dependents:

Termination of employment/Retirement	Commencement of employment	Change in work schedule, hours, or shift	Hourly to salaried or salaried to hourly
Commencement of unpaid leave of absence/Lay off	Return from unpaid leave of absence/Lay off	Change in work site	Strike or lockout

Change in Spouse or Dependent's Eligibility Under an Employer's Plan:

Loses eligibility (age, student status, marital status)	Gains eligibility (age, student status, marital status)
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Judgements, Decrees or Orders

Entitlement to Medicare or Medicaid

Changes specific to Dependent Care Expense Account Only:

- Significant increase or decrease in cost (no change can be made when provider is a relative).
- Addition, elimination, or reduction of your spouse or dependent's dependent care expense plan.
- Open enrollment of spouse or dependent under another dependent care expense plan.

Changes specific to Insurance Premium Account Only:

- Significant increase or decrease in cost of your insurance plan.
- Addition or elimination of your insurance plan
- Open enrollment of spouse's or dependent's insurance plan

Please explain the event(s) marked above on which you are basing your request for a mid-year coverage change and describe how the requested change is consistent with the event.

Enter your new Annual Election Amount:

Medical/Dental Account: \$ _____ Dependent Care Account: \$ _____ Insurance Premium Account: \$ _____

Employee Signature: _____ Date: _____

Effective Date: _____

Employer Approval: _____ Date: _____

Change Approved: _____ Denied: _____