

Section 125 Flex Spending Change Form (Change in Family Status)

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 Date: _____ Employee Name: _____
 Social Security #: _____
 Street Address: _____
 City, State, Zip: _____
 Daytime Phone: (_____) _____ Termination Date (if applicable): _____

As a participant in the Flexible Benefit Plan ("FlexPay"), a change to your Flexible Spending Account election is permissible when the change is on account of and consistent with a family status change. An election change is considered consistent with a family status change *only if* the election change is necessary or appropriate as a result of the family status change.

Should you wish to make an election change due to a family status change, ***you must report the family status change to your employer and complete this form within 31 days of the event.***

I CERTIFY THAT I HAVE HAD THE FOLLOWING CHANGE IN FAMILY STATUS:

| <u>Change</u> | <u>Date of Event</u> |
|---|----------------------|
| <input type="checkbox"/> Marriage, Birth or Adoption of a Child, Divorce, Legal Separation, Annulment or Death of Dependent | _____ |
| <input type="checkbox"/> Employee and/or Dependent loses/ becomes eligible for benefit eligibility/coverage | _____ |
| <input type="checkbox"/> Court issues order regarding medical coverage of child (QMCSO) | _____ |
| <input type="checkbox"/> Change in cost of dependent care or change in dependent care provider | _____ |
| <input type="checkbox"/> Change in Employment Status (I.e.: Full-time to Part-time or vice versa) | _____ |
| <input type="checkbox"/> Other* _____ (This may only be filled in by your company administrator) | _____ |

PLEASE READ THIS SECTION BEFORE MAKING YOUR CHANGES!:

Election changes will result in your current plan year ***ending*** on the effective date of the change; or if you are making a re-election, your new plan year will ***begin*** on the effective date of the change. This could have a negative impact on the availability of funds you have deposited in your current Flex accounts. In order to receive money from your old (current) plan year, services must have been *incurred* between the beginning of the plan year and the date your current plan stops. *Please contact the Flex Plan Administrator to verify your account balances before making an election change.*

Should you wish to make a change to your Flexible Spending Account elections, you have two options:

OPTION 1: YOU MAY REVOKE (STOP) YOUR ELECTION

Your revocation will take effect on the effective date of the change as authorized by your employer. Upon revocation, your plan year ends on the effective date of the change. You may continue to submit claims against your Flexible Benefit Spending Accounts for any expenses incurred prior to the revocation date. **Expenses incurred after your revocation date are not eligible for reimbursement.**

On account of and consistent with the change listed on the front of this form, I hereby revoke my Flexible Benefit Plan election effective the date of the change noted.

Employee Signature

Date

Plan Administrator Signature

Date

OPTION 2: YOU MAY RE-ELECT (MAKE A NEW ELECTION):

You may make a new election to take effect on the effective date of the change as authorized by your employer. Re-election will end your current plan year on the day before the event and begin a new plan year on the date of the change. You may continue to submit claims on the old plan year for expenses incurred prior to the re-election. You may begin submitting claims for expenses incurred on the date of the change and through the end of the new plan year. **Funds cannot be transferred from the old plan year to the newly elected plan year.**

On account of and consistent with the change listed on the front of this form, I hereby make the following election to be effective on the date of the event noted.

NEW ELECTIONS:

Medical Reimbursement Account:

Dependent Care Account:

New *per pay period* amount: \$ _____

New *per pay period* amount: \$ _____

New *total election* amount for remainder of plan year \$ _____

New *total election* amount for remainder of plan year \$ _____

Employee Signature

Date

Plan Administrator Signature

Date

For Office Use Only

Old Election Amount: Medical: \$ _____ Per pay period

Dependent Care: \$ _____ Per pay period

New Re-election Amount: Medical: \$ _____ Per pay period

Dependent Care: \$ _____ Per pay period

First payroll date for new election or revocation: