



## Change of Status Form for Employee

### Qualifying Event:

Marriage, Death, Divorce, Legal Separation, Birth, Adoption of a Child or Change in employment status.

### Guidelines for Qualifying Events (Excluding Terminations):

The participant has 30 days from the effective date of the event to make a change.

The participant can increase, decrease, stop, or start their election.

### Please complete the applicable information regarding the family status change:

#### Employee Information

( Please Check if this is a new address)

Employee Name: _____	SSN: _____ - _____ - _____	Employer: _____
Mailing Address: _____	City: _____	State: _____ Zip: _____
Street Address: _____	City: _____	State: _____ Zip: _____
Telephone: _____	Start Date: _____	Last Day Worked: _____

### Qualifying Event

Qualifying Event: _____
Qualifying Event Effective Date: _____

### Election Change

Will this increase or decrease your current election amount?	Increase	Decrease
Current Annual Election: Medical \$: _____	Dependent \$: _____	
Current Payroll Deduction: Medical \$: _____	Dependent \$: _____	
New Annual Election: Medical \$: _____	Dependent \$: _____	
New Per Payroll Deduction: Medical \$: _____	Dependent \$: _____	

### Signature

I wish to change my medical and/or dependent care reimbursement account election as stated above.	
Employee Signature: _____	Date: _____
Authorized Employer Signature: _____	Date: _____