

Change in Status Election Form

Section 125 Premium Only Plan

Plan Year December 1, 2013 through November 30, 2014

Employee Name: _____

Employee Number: _____ - _____ - _____

As a participant in the Premium Only Plan, I am entitled to revoke my prior benefit election and enter into a new election in the event of certain changes in status.

I understand that the change in my benefit election must be necessitated by 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:

_____ Marriage.

_____ Divorce, Legal Separation, or Annulment.

_____ Birth, or adoption, or placement for adoption of a child.

_____ Death of my spouse and /or dependent.

_____ Termination or commencement of employment by my spouse or dependent.

_____ A judgment, decree, or order ("order") that affected eligibility for benefits.

_____ I, my spouse, or dependent have had a change in employment status, including switching from part-time to full-time (or visa versa) or reduction or increase in hours, a strike or lockout that affected eligibility for benefits.

_____ I, my spouse, or dependent have taken an unpaid leave of absence that affected eligibility for benefits.

_____ A change in the residence or worksite of myself, my spouse, or dependent that affected eligibility for benefits.

_____ My dependent satisfies or ceases to satisfy the requirements for coverage's due to attainment of age, student status, or any similar circumstance.

_____ A cost or coverage change in benefits that affected eligibility for me, my spouse, or dependent.

_____ A change made under my spouse's or dependent's employer benefits plan if the election for a period of coverage for my Plan is different from the period of coverage (open enrollment) under the other cafeteria plan or qualified benefits plan.

The Administrator may require you to provide evidence to document the event which requires the change of election.

By _____

Date _____

Employee's signature

Accepted and agreed to by the Employer's Authorized Representative.

By _____

Date _____

Administrator's signature