

**SECTION 125 FLEXIBLE BENEFITS PLAN**  
**Change in Status Form / Salary Reduction Agreement**



Complete this form when a change in status has occurred which affects your Section 125 Flexible Benefits Plan election. All changes must be due to and consistent with the change in status rules and regulations set forth in the Plan Document.

Company Name: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

**PARTICIPANT INFORMATION**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

As a participant in the Flexible Benefits 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 event:

**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, and placement for adoption or death of a dependent.

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

- Lost eligibility (due to age, student status, marital status)
- Gained eligibility (due to age, student status, 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 Section 125 Premium Conversion Plan and Dependent Care FSA elections only)**

- Significant cost increase in you or your dependent's coverage
- Significant curtailment of you or your dependent's coverage
- Addition or elimination of benefit package option under you 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.
- Change in cost for Dependent care expenses.

**ELECTION CHANGES**

**Insurance Premium Account**

Change insurance premiums to \$ \_\_\_\_\_ per pay period

**Health Care Expense Account**

Change my annual election for my Health Care Expense Account from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

My new per pay period election will be \$ \_\_\_\_\_ effective \_\_\_\_\_

**Dependent Care Assistance Account**

Change my annual election for my Health Care Expense Account from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

My new per pay period election will be \$ \_\_\_\_\_ effective \_\_\_\_\_

\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Date*

*Accepted and agreed to by:*

\_\_\_\_\_  
*Plan Administrator's Signature*

\_\_\_\_\_  
*Date*