

Section 125 Flexible Benefit Plan

ELECTION CHANGE REQUEST

Employer: _____

Employee Name: _____ SSN: _____

I have had a **CHANGE IN STATUS** event as marked below. The change I request is consistent with the guidelines and has resulted in a **gain or loss of eligibility** for coverage for myself, my spouse, or my dependent under an employer plan.

Date of the Event: _____ Effective Date of Change: _____

- Change in Employee's Legal Marital Status (including marriage, divorce, death of spouse, legal separation, or annulment)
- Change in Number of Tax Dependents (as defined in § 152; including birth, adoption, placement for adoption, or death)
- Termination or Commencement of Employment by the Employee, Spouse, or Dependent
- Change in Work Schedule (including switching between part-time / full-time, strike, or unpaid leave of absence)
- Dependent Satisfies or Ceases to Satisfy Dependent Eligibility (including age limits, student status, or marriage)
- Change in Residence or Worksite of Employee, Spouse, or Dependent (i.e. moving in or out of an HMO territory)
- Change in Coverage of Spouse or Dependent under Other Employer's Plan
- Gain or Loss of Medicare / Medicaid Eligibility

Describe the situation/event below (please print); attach an additional page if necessary.

BENEFIT TO BE CHANGED
(identify the Premium or Flexible Spending Account to be changed)

Premium Benefit Type:	Current Per Pay Deduction	New Per Pay Deduction	Fist Pay Day with New Deduction
_____	\$ _____	\$ _____	____/____/____
_____	\$ _____	\$ _____	____/____/____

FSA Benefit Type:	Current Per Pay Deduction	New Per Pay Deduction	Fist Pay Day with New Deduction	Revised Annual Election
Health Care Reimbursement	\$ _____	\$ _____	____/____/____	\$ _____
Dependent Care Reimbursement	\$ _____	\$ _____	____/____/____	\$ _____

I here by certify that the above information is true and correct to the best of my knowledge, and that evidence of the above events will be submitted to the Plan Administrator upon request. I understand the effective date of this election change will be the latter of the event date or the first day of the pay period following the date this information is accepted by my employer.

Employee Signature: _____ Date: _____

HR Representative: _____ Date: _____



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