

Change in Family Status

Fill out only to request a Change in Participation during the year

Check the appropriate box to indicate a Change in Family Status. One or more of the events listed below qualifies you to change your participation amounts in the Flexible Spending Account during the Plan Year. Changes cannot be retroactive and must be consistent with the events indicated.

Change in Marital Status

Marriage Divorce Legal Separation

Change in Dependent Status

Birth Adoption Death Loss of Dependent

Change in Work Status for: Self

Spouse

Termination Start of Employment Part-time to Full-time Full-time to Part-time

Other Change in Family Status (*Explain in detail.*)

Fill out a New 125 Election Form to indicate the change(s) you wish to make in your Total Annual Elected Amounts or in your participation. Changes you may make include, but are not limited to, increasing or decreasing the deduction amounts for medical/dental/vision and/or dependent care accounts, or withdrawing from participation.

I understand that I may be required to provide the appropriate documentation for any of the changes in family status that I have checked above. The family status and participation changes will be reviewed.

I hereby elect the participation change(s) noted on the 125 enrollment form attached and attest that the change is caused by and consistent with the change in family status.

Employee Signature

Date