



FLEX PLAN
The Flexible Benefits Plan
Change in Status
Election Change Form

Instructions: Request for mid-year election change in the event of a change in status as noted below.

Participant Name: _____ Soc. Sec. No: _____

Home Address: _____
Number/Street City State Zip Code

Employer Name: _____

I request the following change(s) in my benefit election(s) and salary redirection which are consistent with the change in status noted below.

<u>I</u>	<u>Benefits</u>	<u>Change Annual Election</u> FROM	<u>Change Annual Election</u> TO
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☐	Unreimbursed Medical FLEX Spending Account (UMA)	\$ _____	\$ _____
☐	Dependent Day Co3ent Day111 Type of Change		

- ☐ _____:
- ☐ Marital Status (marriage, divorce, separation, annulment, death of spouse)
 - ☐ Number of Dependents (birth, death, adoption or placement for adoption)
 - ☐ Employment Status (spouse/dependent termination, strike, leave of absence, worksite, eligibility for benefits)
 - ☐ Residence (changes which affect eligibility or access to service provider)
 - ☐ Gain/Loss of Eligibility for Medicare/Medicaid
 - ☐ Cost of Coverage Change (Not Applicable to UMA. Not Applicable to DC, if provider is a relative.)
 - ☐ Coverage Change (Not Applicable to UMA.)

III Date of Occurrence _____

IV Consistency Requirement

You must give specifics of change indicating how requested change in elections is consistent with change in status event.

Participant Signature: _____ date _____

Employer Signature: _____ date _____

WHERE TO SEND COMPLETED FORM:

\$original - File with Employer
\$copy- PG, P.O. Box 15136, Albany, N.Y. 12212136 (FAX 518 6410325)