



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:

I	<u>Benefits:</u>	<u>Change Annual Election</u>	<u>Change Annual Election</u>
		FROM	TO
<input type="checkbox"/>	Health Insurance Premium	\$ _____	\$ _____
<input type="checkbox"/>	Dental Insurance Premium	\$ _____	\$ _____
<input type="checkbox"/>	Vision Insurance Premium	\$ _____	\$ _____
<input type="checkbox"/>	Unreimbursed Medical FLEX Spending Account (UMA)	\$ _____	\$ _____
<input type="checkbox"/>	Dependent Day Care FLEX Spending Account (DC)	\$ _____	\$ _____
<input type="checkbox"/>	Premium Expense FLEX Spending Account (PE)	\$ _____	\$ _____
<input type="checkbox"/>	Other (specify) _____	\$ _____	\$ _____

- II** **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 election 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. 12212-5136 (FAX 518 641-0325)