

Cafeteria Section 125 Plan Change of Status Form

Company Name	Date Plan Year Started
Employee Name	Social Security Number / /
Employee Street Address	City
State	Zip

Use this form to change the employee Cafeteria Plan elections. The employee must have experienced one of the events listed below within the past 30 days. Changes in elections must be due to one of these events and must be consistent with the event.

- _____ Event that changes employee's legal marital status including marriage, death of spouse, divorce, legal separation or annulment.
- _____ Event that changes employee's number of dependents, including birth, adoption, placement for adoption or death of a dependent.
- _____ Termination or commencement of employment by the employee, spouse, or dependent.
- _____ Reduction or increase in hours of employment by the employee, spouse or dependent.
- _____ Change of residence of the employee, spouse or dependent **only if the move affects the health coverage.**
- _____ Change in insurance cost or scope of coverage. **(can change only Insurance election)**
- _____ Change in Dependent Care cost. **(can change only Dependent Care election)**

Date of the above change Must be within 30 days of today	Effective date of change PBS Use Only
---	--

	Prior \$ Amt.	New \$ Amt.
Insurance Premiums Paid Through Employer (Health, Dental, Vision, other supplemental).....	_____/Mo.	_____/Mo.
Un-reimbursed Medical Expenses.....	_____/Year	_____/Year
Dependent Day Care	_____/Year	_____/Year

Employee Signature	Date
--------------------	------

S:\Masters\FORMS\Administrative Forms\Change Form.doc