Flexible Compensation
Change of Election

A change of election must be (1) on account of and correspond to one of the qualifying events below and (2) made within 30 days of the qualifying event.

Participant Name _____ Participant ID # _____

Effective date of change _____ First payroll affected by change _____

TYPE OF CHANGE

I hereby request a change in my benefit election(s) as follows:

	Current Payroll Deduction Amount	New Payroll Deduction Amount	**Revised Annual Election Amount***
Medical Flexible Spending Account (FSA)	$	$	$
Dependent Care (DCAP)	$	$	$

***Required to be entered.** The revised annual amount is determined by adding your year-to-date deductions taken at the old rate to your deductions to be taken for the remaining pay periods in the Plan Year.

REASON FOR CHANGE
(Qualifying Event(s))

- ☐ Change in Legal Marital Status
- ☐ Change in Number of Dependents
- ☐ Change in Employment Status
- ☐ Dependent Satisfies or Ceases to Satisfy Eligibility Requirements
- ☐ Change in Residence*
- ☐ COBRA
- ☐ FMLA
- ☐ Change in the Cost of Coverage*
- ☐ HIPAA Special Enrollment Rights*
- ☐ Judgment, Decree, or Order
- ☐ Significant Curtailment of Coverage*
- ☐ Addition/Elimination of Benefit Package*
- ☐ Entitlement to Medicare or Medicaid
- ☐ Change in Coverage of Spouse or Dependent Under Other Employer's Plan*
- ☐ Loss of Group Health Coverage Sponsored by Governmental or Educational Institutions*
- ☐ Exchange Event: Reduction in Hours (less than 30)*
- ☐ Exchange Event: Exchange Enrollment during Exchange Open or Special Enrollment Period*

* The Medical Flexible Spending Account (FSA) can not be changed due to one of these nine events.

Participant (Employee) Signature _____ Date _____

Client (Employer) Signature _____ Date _____

Participants: Submit this form to your employer and retain a copy for your records.

Employers: Retain this form for your records and enter the change(s) above in the participant's account at www.connectyourcare.com prior to the first affected payroll.

The information in this communication is confidential and may be used by the authorized recipient only for its intended purpose.
Any other use or disclosure is prohibited.