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

I	Benefits	Change Annual Election FROM	Change Annual Election TO
☐			
☐	Unreimbursed Medical FLEX Spending Account (UMA)	$_____	$_____
☐	Dependent Day Co3ent Day1Il 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)