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| Section 125 Election Change Request Form |
| Employee Name   |  | | --- | |  | |
| Employee Number   |  | | --- | | - | |
| Employee Address   |  | | --- | |  |   Employer Name   |  | | --- | |  |   I hereby request that the following election(s) be changed to reflect the following:   |  |  |  | | --- | --- | --- | | **Type of Deduction** | **Existing Election (monthly)** | **New Election (monthly)** | | Insurance premiums (health, dental, life) |  |  | | Health Flexible Spending Account |  |  | | Dependent Care Spending Account |  |  | | Health Savings Account (HSA) |  |  | | Other |  |  | |
| Date of the event causing reason for requested change in election:  **Reason for Requested Change**  Change in status of (select status below):   |  | | --- | | Marriage  Divorce or annulment  Legal separation  Death of spouse  Birth  Commencement or termination of adoption proceedings  Death of dependent  Dependent satisfies or ceases to satisfy eligibility requirements  Change in employment status that affects eligibility  Change in residence |   Significant cost increase:  Significant curtailment of coverage:  Addition or significant improvement of benefit package:  Change in employment status so that the employee will reasonably be expected to average less than 30 hours of service per week (for employees previously in an employment status reasonably expected to average at least 30 hours of service per week):  Change in coverage under other employer plan:  FMLA leave:  COBRA event:  Judgment, decree or court order (for example, qualified medical child support order):  Medicare or Medicaid entitlement:  Pretax HSA contribution election change:  Employee is eligible for a Special Enrollment Period to enroll in a Qualified Health Plan through a Marketplace or seeks to enroll in a Qualified Health Plan through a Marketplace during the Marketplace’s annual open enrollment period:  **Please provide any additional details that you feel will help the Section 125 plan administrator review your request for a change in election.**   |  | | --- | |  |   **I certify the information to be true and correct to the best of my knowledge. I understand that the Section 125 plan administrator will review my request for a change in election in accordance with the laws governing Section 125 plans and the plan documents.**  Employee Signature Date   |  |  | | --- | --- | |  |  |   **Section 125 plan administrator use only:**   |  |  | | --- | --- | | Approved—Effective date: | Denied—Reason: | |