



Qualifying Event Change Request Form

Instructions:

1. Complete, sign and date request for Qualifying Event Change
2. Return completed form to your HR or Payroll Department
3. Your request will be forwarded to Benefit Managers Company

Company _____ Payroll Effective Date _____

Name _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Date of Qualifying Event _____ **Enrollment Effective Date** _____

Qualifying Event (mark all which apply)

<input type="checkbox"/> Marriage	<input type="checkbox"/> Birth of child
<input type="checkbox"/> Death	<input type="checkbox"/> Termination/Change in hours
<input type="checkbox"/> Loss of eligibility of dependent	<input type="checkbox"/> Change in employment (spouse)
<input type="checkbox"/> Divorce	<input type="checkbox"/> FMLA (<i>fsa changes only</i>)
<input type="checkbox"/> Adoption	<input type="checkbox"/> other _____

Type of Change Requested (circle one)

Change Existing Account

Start Account

Terminate Account

Calculate Your New Election

Election Change	New per payperiod	New Annual Election
Health Care FSA	\$ _____	\$ _____
Dependent Care FSA	\$ _____	\$ _____
Other Premium FSA	\$ _____	\$ _____

I understand this form must be completed within 60 days of the change in status event, and the election change must be consistent with the qualified event. I understand retroactive changes are not permitted and I may be asked to provide written documentation regarding the qualifying event.

Employee Signature _____

Date _____

Approved (employer representative) _____

Date _____