

Section 125 Flexible Benefit Plan Change of Status Request Form



If you have questions, contact your human resources department or call Chard, Snyder & Associates, Inc. at (513) 459-9997, toll free (800) 982-7715, or email at flex@chard-snyder.com.

1. Participant Information

Employer		
Employee Name	SSN - -	Daytime Phone
Address	Check if New Address <input type="checkbox"/>	Email Address (optional)

If your qualifying event was incurred by a spouse or eligible dependent, then please provide the following information:

Name	Relation to Employee	Date of Birth (if eligible dependent)




2. Change of Status

Please check the box next to the appropriate change of status and provide a brief explanation of the qualifying event. Check all categories that apply. You may be required to provide documentation supporting your qualifying event.

- Change in Marital Status (marriage, divorce, death of spouse, legal separation or annulment)
- Change in Number of Dependents (birth, adoption, or death)
- Change in Employment and/or Eligibility of Self, Spouse or Dependent
- Change in Daycare Provider and/or Rates (dependent care reimbursement account only)
- Leave of absence in accordance with the Family Medical Leave Act
Check one: Pre-Pay Option Catch-Up Option Opt-Out Option Pay As You Go
- Other Change

Explanation: _____

3. Change of Election

	Healthcare Reimbursement Account This is for out-of-pocket medical /dental / vision expenses	New Payroll Deduction Amount \$ _____
	Dependent Care Reimbursement Account This is for child and/or adult daycare expenses.	New Payroll Deduction Amount \$ _____
	Other Section 125 Plan Benefit (please specify): _____	New Payroll Deduction Amount \$ _____

4. Certification

I hereby certify that the Information supplied on this form is true and accurate. Employee Signature: _____ Date: _____	<i>(For office use only)</i> Approved <input type="radio"/> Denied <input type="radio"/> Effective Date _____ HR Representative Initials _____
Please return this form to your human resource representative on or before the end of your change of status grace period.	