PAYPRO ADMINISTRATORS

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CHANGE IN ELECTION FORM

Please Print Neatly

First name _____ Last Name _____ Social Security Number _____

Employer Name _____ Date of "Change in Status" _____

Please indicate, in the box, what the "Change in Status" is: (i.e. marriage, divorce, birth of dependent, etc). Subject to approval.

Category	New Election amount Requested Per Pay Day	or	Amount in Remainder of Plan Year
Health Care FSA	$_____		$_____
Dependent Care FSA	$_____		$_____
Other _____	$_____		$_____

I understand, by signing this form, I am making an election change to my FlexPlus Plan, and furthermore acknowledge that I am making a change that is consistent with the event or status change that has occurred. Once this election form is signed and submitted, I understand that it cannot be revoked or changed at any time during the plan year, unless I experience a qualifying status change. In certain cases, a change in the cost or coverage under child/dependent care expenses, and in personally paid premiums constitutes an eligible change in election.

SIGNATURE _____ DATE _____

Please review the following events that *may* constitute a CHANGE IN STATUS. Use the box above, to list, in detail, what the change in status is. Additional paper may be used if necessary. Note that you may need to submit written proof of the status change.

- Change in employee's legal marital status (marriage, divorce, death of a spouse, legal separation or annulment);
- Change in the number of (tax) dependents (birth, adoption, placement for adoption or death);
- Change in the employment of status (any of the events that follow that change the status of the employee, spouse or dependent) Termination or commencement of employment; a strike or lockout; a commencement of or return from an unpaid leave of absence, and a change in work-site that affects benefits. Changes in employment status that also change eligibility under the benefit plan may qualify. If previously terminated, and now being rehired at least 30 days after termination, you may be able to make a new election. If being rehired within 30 days of termination, a new election may be made if the facts and circumstances justify the change (please note that plan documents must allow such changes if a termination occurs);
- Dependent satisfies or ceases to satisfy eligibility requirements (i.e. a dependent becomes ineligible for coverage due to the attainment of a certain age, marriage or loss of student status). .
- Change in the place of residence that affects the employee's eligibility for coverage (an employee can not drop health coverage merely because of a move, unless, as a result of the move, the employee is no longer eligible for such coverage. Substitute coverage must be elected, if available)
- Dependent Care FSA or Personally Paid Premiums *MAY* be changed if there is a change in the cost or coverage of such. Again, the facts and circumstances will be reviewed and a decision from the TPA will apply.