DEPENDENT CARE FLEXIBLE SPENDING ARRANGEMENT
MID PLAN YEAR ELECTION DUE TO CHANGE IN STATUS
(Please complete and return to your employer within 30 days of the relevant change in status)

SECTION 1

Name: _____   Company: _____

Social Security Number: _____   Date of the Change in Status Event: _____

Street Address: _____   City, State, Zip: _____

Date of Birth: _____

Check one of the following **"Change In Status Events"** that you have experienced:

❑ I just became **eligible** to participate in the plan. My date of hire was: _____.
❑ **Marriage** or **Divorce** (*includes annulment and legal separation*)
❑ **Death** of spouse or dependent child
❑ **Birth** or **Adoption** of a child (*includes placement for adoption*)
❑ Change in your or your spouse's **employment status**
❑ Change in the **cost** of your dependent care service (*the provider cannot be related to you*)
❑ Change of your dependent care **provider**
❑ Taking of or returning from a **leave of absence** by you or your spouse
❑ **Other** (*please explain*):_____

NOTE: You may be required to submit appropriate documentation to verify the Change of Coverage.

SECTION 2

Based on the Change in Status Event(s) indicated above, I wish to change my annual election to my Dependent Care Expense Reimbursement Plan as follows:

$_____ $_____ *
    Current Annual Election   New Annual Election
(enter 0 if not previously participating)

SECTION 3

I have read and fully understand the rules related to my request for a change in election. I understand that my new Agreement Form and this Change in Status Form must be completed within 30 days of the change in status event; and, the election change I have requested must be consistent with the change in status. I understand any election change will be effective on the later of the date of the change in status, or on the date I request the election change by submitting this form. I certify that the above information is true and correct, and agree to provide any necessary third-party documentation to verify the change in status event.

_____   _____
Employee Signature   Date

For Employer Use Only:

Received by Employer: _____   _____
                              Employer Representative Signature   Date

First Paydate For New Deduction Amount: _____