

CHANGES IN CAFETERIA PLAN BENEFIT ELECTION AMOUNT



DATE _____ TO _____

EMPLOYER NAME _____

EMPLOYEE NAME _____ SOC SEC _____

Please make the following changes to your cafeteria plan records:

TERMINATION OF EMPLOYMENT EE address: _____ Date: _____

CHANGE IN FAMILY STATUS- Benefit election changes are consistent with family status changes only if the election changes are necessary or appropriate as a result of the family status change.

- MARRIAGE DIVORCE
- DEATH OF SPOUSE OR DEPENDENT BIRTH OR ADOPTION OR DEPENDENT
- SPOUSE'S TERMINATION OR COMMENCEMENT OR EMPLOYMENT
- SWITCHING FROM PART TIME TO FULL TIME OR VICE VERSA BY THE EMPLOYEE OR SPOUSE
- UNPAID LEAVE OF ABSENCE BY EMPLOYEE OR SPOUSE
- SIGNIFICANT CHANGE IN HEALTH COVERAGE OF SPOUSE OR EMPLOYEE ATTRIBUTABLE TO THE SPOUSE'S EMPLOYMENT
- SIGNIFICANT COST OR COVERAGE OF HEALTH COVERAGE OF EMPLOYEE
 - EMPLOYEE ELECTS TO INCREASE/DECREASE ELECTION AMOUNT
 - EMPLOYEE ELECTS TO REVOKE HEALTH COVERAGE AND RECEIVE COVERAGE UNDER ANOTHER PLAN (ATTACH EVIDENCE TO CONFIRM APPLICATION FOR OTHER COVERAGE PRIOR TO DELETING PRE-TAX ELECTION OFF PAYROLL)
- OTHER EVENTS AT THE DISCRETION OF THE PLAN ADMINISTRATOR (DESCRIBE BELOW)

Benefit Description	Current per pay period amount	New per pay period amount	Effective with paycheck dated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYEE SIGNATURE _____

DATE _____

EMPLOYER REVIEW/APPROVAL _____

DATE _____