

**CAFETERIA REIMBURSEMENT PLANS  
APPLICATION FOR CHANGE OF ELECTION (CHANGE IN STATUS)**

NAME: \_\_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_

Effective \_\_\_\_\_, \_\_\_\_\_, I hereby request that the following change(s) be made to my Dependent Care Assistance Plan and/or Medical Reimbursement Plan Account Elections due to Change in Status:

	FROM	TO	FREQUENCY (Monthly, Biweekly, Etc.) (Please ask your plan administrator if not sure.)
DEPENDENT CARE ASSISTANCE PLAN ACCOUNT	\$	\$	
MEDICAL REIMBURSEMENT PLAN ACCOUNT	\$	\$	

An election to receive payments or reimbursements for Dependent Care Expenses or Medical Expenses cannot be changed during the Plan Year, except under very limited circumstances described in the plan documents. Note that the circumstances permitting a change are different for Dependent Care Assistance and Medical Reimbursement. Please see your Summary Plan Description for more details. If you are requesting a change for reasons other than change in status, please use the election form.

Reason For Change (Check One & Complete Information Requested):

MARRIAGE      Date Occurred: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

DIVORCE      Date Occurred: \_\_\_\_\_ Former Spouse's Name: \_\_\_\_\_

BIRTH/ADOPT      Date Occurred: \_\_\_\_\_ Dependent's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

DEATH      Date of Death: \_\_\_\_\_ Decedent's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

EMPLOYEE, SPOUSE OR DEPENDENT EMPLOYMENT CHANGE      Date Occurred: \_\_\_\_\_

EMPLOYEE, SPOUSE OR DEPENDENT EMPLOYMENT CHANGE AFFECTS ELIGIBILITY UNDER OTHER PLAN  
Date Occurred: \_\_\_\_\_

DEPENDENT COVERAGE STATUS CHANGE      Date Occurred: \_\_\_\_\_

CHANGE IN RESIDENCE OF EMPLOYEE, SPOUSE OR DEPENDENT      Date Occurred: \_\_\_\_\_

OTHER REASON (MUST BE VALID REASON AS PROVIDED IN PLAN (EXPLAIN)): \_\_\_\_\_  
Date Occurred: \_\_\_\_\_

I understand that changes to my Cafeteria Reimbursement Account Elections during a Plan Year may only be made for one of the above reasons and that my written request must be provided to the Plan Administrator within 30 days of the event. I also understand that by signing and submitting this form I am attesting to the above change in status and that I am making a binding change to my election for the remainder of the current Plan Year. This requested change is consistent with the status event which has transpired and is consistent with such change in status as required under the Plan.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_