

Section 125 Cafeteria Plan Change in Status/Termination Election Form

Complete this form when a change in status has occurred which affects your Cafeteria Plan or benefits election. All changes must be due to and consistent with the change on status.

Employee Name _____

Social Security Number _____

Effective Date of Change _____

If terminating, last date of deduction _____

As a participant in the district plan, I am entitled to revoke my prior benefits and enter into the new election in the event of a certain change in status. I understand that the change in my benefits election must be due to and consistent with the change in status and that the change must be acceptable under the Regulations issued by the Department of the Treasury.

I certify that I have incurred the following change in status:

Change in Marital Status

Change in legal marital status including marriage, death of spouse, divorce, legal separation or annulment.

Change in Number of Tax Dependents

Change in number of tax dependents including birth, adoption, and placement for adoption or death of a dependent.

Change in Spouse or Dependent's Eligibility under an Employer's Plan

Changes in dependent status in satisfying or ceasing to satisfy the eligibility requirements of the plan, such as attainment of limiting age or student status or change in marital status.

Judgment, decree or order including the imposition of a Qualified Medical Child Support Order

Gain or loss of Medicaid or Medicare entitlement

Entitlement to COBRA

Special requirements relating to the Family and Medical Leave Act (FMLA)

Change in Employment Status that Changes Eligibility Status

Change of employment status, such as termination or commencement of employment by the employee, spouse or dependent

Change in work schedule, such as reduction or increase in hours of employment by the employee, spouse or dependent, including a switch between part-time and full-time, strike or lockout, a change in worksite, or commencement or return from an unpaid leave of absence

Change in eligibility due to a change in residency of the employee, spouse or dependent

Change in Cost or Coverage (applicable for Health Insurance and dependent care assistance account elections only)

Significant cost increase in your or your dependent's coverage

Significant curtailment of your or your dependent's coverage

Addition or elimination of benefit package option under your or your dependent's employer's plan

Change in coverage of spouse or dependent under other employer's plan provided that the employee, spouse, or dependent elects coverage under the dependent's plan.

Dependent care provider is replaced by another