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EMPLOYEE NAME, ADDRESS, OR STATUS & ELECTION AMOUNT CHANGE

Employer Name: _____

Plan Year (MM/YY) _____ through (MM/YY) _____

Employee Soc. Sec. # _____ Employee Number (if different than SSN) _____

Employee Name: _____

Name Change (New Name) _____

Employee Address: _____

Address Change (New Address) _____

Termination of Employment
Effective Date of Employment Termination _____
Date of last Payroll Withholding/Section 125 Contribution _____

Family Status Change (Change of election date must be made prior to the effective date)
Effective Date of Status Change _____
New Contribution Effective Date (Enrollment Form Attached) _____

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

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

- _____ Marriage
- _____ Divorce, Legal Separation or Annulment
- _____ Birth, adoption or placement for adoption of a child
- _____ Death of my spouse and/or dependent
- _____ Termination or commencement of employment by my spouse or dependent
- _____ Switch from part-time to full-time (or vice-versa) employment on the part of me, my spouse, or dependent or reduction or increase in hours, strike or lockout
- _____ Unpaid leave of absence for me, my spouse or dependent
- _____ Significant Change in Health Coverage due to Spouse's Employment
- _____ Change in the residence or worksite of me, my spouse or dependent
- _____ Dependent satisfies or ceases to satisfy the requirements for coverage
- _____ Other: _____

You may be required to provide evidence to document the event which requires the change of election.

Employee's Signature

Date

Employer's Authorized Signature

Date

This form must be sent through your employer so changes are made to your employee payroll record.

For assistance, you may contact Custom Design Benefits at (800) 598-2929 or (513) 598-2929.