



The Gold Standard
in Benefit Services

CHANGE OF STATUS FORM

Employer Name: _____
Employee Name: _____
Employee Address: _____
City, State, and Zip: _____
Social Security # (last 4 digits only): _____ Daytime Phone: _____
Plan Year: _____ Effective Date: _____
Email Address: _____

Please submit to your Human Resources Department. They will review your request and make a determination as to whether the request is appropriate in accordance with the regulations. **Status Change must be submitted within 30 days of the event.** The effective date of the election change may not be prior to the qualifying event date.

In accordance with the IRS Consistency Rule, changes to a cafeteria plan election due to a change in status must be consistent with the affect the change in status has on eligibility under the plan. An exception is made for the group term life, accidental death and dismemberment, and long-term disability.

Number of Dependents	Employment Status	Leave of Absence (LOA)*
<input type="checkbox"/> Increase in number of dependent (ie: Birth, Adoption, Marriage)	<input type="checkbox"/> Loss of Eligibility Due to Change in Employment Status	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
<input type="checkbox"/> Decrease in number of dependents (ie: Birth, Adoption, Marriage)	<input type="checkbox"/> Gain of Eligibility Due to Change in Employment Status	<input type="checkbox"/> Start <input type="checkbox"/> Return

* If going on LOA you must complete this form once upon departure and a second time upon return.

1. Other Allowed Change Events

<input type="checkbox"/> Change in day care provider or coverage**	<input type="checkbox"/> Plan year renewal under spouse's or dependent's employer's plan
<input type="checkbox"/> Status change under spouse's or employer's plan	<input type="checkbox"/> Change in cost or coverage of day care provider**
<input type="checkbox"/> Judgment, decree or order requiring change in coverage	<input type="checkbox"/> Significant change in cost or coverage of employer's plan**
<input type="checkbox"/> Other	** Does not apply to Medical Spending Account

2. Election Change Options

Date of qualifying event.
Effective date of change to election.
Previous annual election.
New annual election.
Date of first pay period in which the change is effective.
New pay period deduction amount.
If on LOA, will deductions occur while on leave?

Medical FSA

Premium Change or Dependent Care FSA

I have read and fully understand the regulations to change my election. I understand that this Status Change 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 event. I understand retroactive election changes are not allowed and that my election change will be effective on the later of the Election Date or Date of Status Change. 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. I understand that I may be required to provide the appropriate documentation for any of the changes that I have checked above. The status and participation changes must comply with my employer's plan and the Plan Administrator has sole discretion to make this determination. If my change in participation is denied, I will have 60 days to appeal the decision.

Participant Signature

Date

Reviewed/Approved By (Employer)

Date

After Reviewed / Approved by Employer's HR Department please fax, email, or mail to Goldleaf Partners.



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Change in Legal Marital Status:	Events that change an employee's legal marital status, including the following; marriage, death of a spouse, divorce, legal separation, and annulment.
Number of Dependents:	Events that change an employee's number of dependents including the following: birth, death, adoption, and placement for adoption. A dependent is formally defined to be a tax dependent under Code Section 152. This rule would not allow election changes for non-tax dependents such as parents, domestic partners and children of domestic partners. In case of birth, the medical spending account election may be increased effective the date of the birth, however the dependent care election may not be increased until the employee has returned from leave.
Dependent Satisfies or Ceases to Satisfy Eligibility Requirements:	Events that cause an employee's dependent to satisfy or cease to satisfy eligibility requirements for coverage on account of attainment of age, student status or any similar circumstance.
Employment Status:	Any of the following events that change the employment status of the employee, the employee's spouse, or the employee's dependent: a termination or commencement of employment; a strike or lockout; a commencement of or return from an unpaid leave of absence; and a change in work site. Also included is if an employee switches from salaried to hourly-paid with the consequence that the employee ceases to be eligible for the plan.
Residence:	A change in place of residence of an employee, spouse or dependent. The change in residence must affect your coverage.
Adoption Assistance:	For purposes of adoption assistance through a cafeteria plan, the commencement or termination of an adoption proceeding.
Other Allowed Change Events:	<ul style="list-style-type: none">• Entitlement to or loss of Medicare or Medicaid coverage• Special requirements relating to Family and Medical Leave Act (FMLA)• COBRA election under employer's plan• HIPPA Special Enrollment Rights