

Employee Benefits Corporation

Permitted Election Change Form

Fax to: **608 831 4790**

Mail to: Employee Benefits Corporation, PO Box 44347, Madison WI 53744-4347

Phone support: **800 346 2126** | 608 831 8445 E-mail support: **employerservices@ebcflex.com**

This form is used to notify us that an employee is making a mid-year change to a prior election due to a qualifying event.

Notification of an election change must be made no later than 30 days after the qualifying event.

The change could:

- Create an election when no prior election existed, or
- Increase or decrease a prior election, or
- Make an election after return from an unpaid leave that resulted in loss of eligibility, or
- Terminate (revoke) an election

For employees who did not previously have an election but experience an event that allows them to make an election, please be sure to complete Account Holder Information [1].

The change in election is effective the date the form is signed or the date of the event, whichever is later.

Example: Beth gets married May 5th and completes (signs) the form to increase her Health Care FSA election May 20th. Her requested change is effective May 20th.

Example: Joe fills out and signs the form to request an increase in his Health Care FSA election on August 15th in anticipation of the birth of a child. The child is born August 26th. Joe completes the form (provides the birth date) and the requested change is effective August 26th.

Example: Joe completes and signs the form to request an increase in his Health Care FSA on September 15th due to the birth of a child. The child was born August 26th. Joe's requested change is effective September 15th.

Qualifying Event

Check the appropriate box for the event that occurred providing for the requested election change for the Health Care FSA, Dependent Care FSA or Individual Billed Premium Account (IND) [2].

Provide a short explanation of the qualifying event and the rationale for the requested election change [3].

Check the appropriate box for the event that allows for the requested election change for the Group Insurance Premiums. If this is the only section that applies, do not submit this form to Employee Benefits Corporation. Simply keep a copy of the form for your records [4].

Election Information

Complete the election change amounts for each affected account [5].

Changes in the accounts election amount result in a "blended" amount of coverage for the plan year and a "blended" payroll deduction from the effective date of the change to the plan year end. The newly elected amount must result in a payroll deduction going forward and cannot be less than expenses already reimbursed.

Example: Mary requests an increase in her Health Care FSA election from \$600 to \$1,400 due to her marriage on May 1. Assume this is a calendar year plan, deductions are taken monthly and Mary had been reimbursed \$400 prior to her change in election. Mary had \$200 deducted prior to the change (\$50/month X 4 months). Therefore, in the remaining 8 months, she will have \$1,200 deducted (\$1,400 election - \$200 deducted prior to change). Mary has \$1,000 of coverage available after the change (\$1,400 new election - \$400 prior reimbursement).

Example: Beth had a \$1,200 Health Care FSA election prior to taking an unpaid non-FMLA leave. Assume this is a calendar year plan, deductions are taken monthly, the leave began May 1 and Beth had been reimbursed \$700 prior to her leave. Upon her return August 1 (3 months later), Beth elects \$900 for the remainder of the year. Beth had \$400 deducted prior to her leave, so she must have \$500 deducted from August 1 to December 31. Beth has \$200 available for reimbursement for the remainder of the year (\$900 new election - \$700 prior reimbursements).

Account Holder and Employer Signatures

Sign and date the form **[6]**. Then upload the form through your secure employer portal page or fax it to Employee Benefits Corporation for immediate processing.

mployee Benefits Corporation lease complete this form and return it imployer: Please sign and return form General Information							
General Information							
mployer: Please sign and return form General Information			vur Ou olifuina Event				
		its corporation, rourney wish to					
Company Name							
		Di l	ision				
company Name		UW	ision				
Account Holder Informati	on						
			Social Security or Identifica	ation Numb	er (Require	ed)	1 1
ast Name			First Name				IJ
aux rearrie			-				пі
Mailing Address		Apt. No.	City		State	Zip Code	-
Date of Birth (mm-dd-yyyyy)	E-mail A	ddress (we do not share your e-	mail address)	Hire Dat	e (mm-dd	-уууу)	
Qualifying Event							
Qualifying Event Date (mm-dd-yyy		t Payroll Date Affected By The Q	ualifying Event (mm-dd-yyyy)				
Health Care or Limited Health							
Please check only one of the follow		s that you have experie					
	Change in Marital Status (marriage, divorce, etc.)						
Change in Number of Depend			ommencement or termination	of your spou	ise or depi	endent's employm	ent
Change in Employment, include Change in dependent eligibilit		unpaid non-FMLA leave (if eligib	Entitlement to or loss of Medicar				
COBRA event	Y		Death of spouse or	e or ivieurca	N.		
COBRA event			Death or spouse or				
Change in Marital Status (man	risaa diunena atr.)		Change in Provider				
Change in Number of Depend		tr.)	Commencement or termination	of vour spor	ise's emnle	nyment	
		vaid leave (if eligibility is affected)	Child starts/stops school	or your spor	oc a citipa	Jymen.	
Change in dependent eligibilit			Death of spouse or dependent				
Change in cost	,		Change in coverage under anoth	or omninuar	's nlan		
_ singuintout			go = concrege under ander	- employed	- present		
		uired to submit documentation					
			endent Care FSA or the IND account an nange is consistent only if it is necessary				

Qualifying Event (sort) Group Insurance/Plan Premiums If this is the only section that applies, please do not submit this form to Employee Benefits Corporation; keep a copy for your records only. Please check only one of the following qualifying events is that you have experienced: Orange in Martial Status (marriage, thorace, et.) Orange in Foreignment, including returning from unpaid non-PMLA leaved the control of the properties of the control of the				
If this is the only section that applies, please do not submit this form to Employee Benefits Corporation, keep a copy for your records only. Please chick only one of the following qualifying events that you have experienced: Orange in Number of Dependent Spirit, death, etc.) Orange in Familia Status framinge, decrease the control of the Control	Qualifying Event (cont.)			
Pease check only one of the billowing qualifying events that you have experienced: Orange in Natural Status (parange, divorce, etc.) Orange in Orange of Depredents Eith (width, etc.) Orange in dispersion of Depredents Eith (width, etc.) Orange in depredent eligibility Orange in depredent eligibility Orange in orange in depredent eligibility Orange in coverage under another employer's plan including open errollment under the spouse or dependent's plan orange in coverage under another employer's plan including open errollment under the spouse or dependent's plan orange in coverage under another employer's plan including open errollment under the spouse or dependent's plan orange under another employer's plan including open errollment under the spouse or dependent's plan orange in coverage under another employer's plan including open errollment under the spouse or dependent's plan orange in coverage under another employer's plan including open errollment under the spouse or dependent's plan orange under another employer's plan including open errollment under the spouse or dependent's plan orange under another employer's plan including open errollment under the spouse or dependent's plan orange under a powermoner or educational institution plan (page to coverage under a powermoner or Medical (page to coverage under a power under the plan plan orange under the plan plan orange under the plan plan orange under the plan plan	Group Insurance/Plan Premiur	ns		
Change in Martial Status (marriage, divorce, etc.) Change in Martial Status (marriage, divorce, etc.) Change in Number of Dependents (birth, desh, etc.) Change in Status of Dependents (with the status of Change) in Martin of Dependents (with the status of Change) in Martin of Dependents (with the status of Change) in Martin of Dependents (with the status of Change) in Martin of Dependents (with the status of Dependents) in Martin of Journal principation (with the status of Dependents) in Martin of Journal principation (with the Status of Dependents) in Martin of Journal principation (with the Status of Dependents) in Martin of Journal principation (with the Status of Dependents) in Martin of Journal principation (with the Status of Dependents) in Martin of Journal principation (with the Status of Dependents) in Martin of Journal principation (with the Status of Dependents) in Martin of Journal principation (with the Status of Dependents) in Martin of Journal principation (with the Status of Dependents) in Martin of Journal Principation (with the Status of Dependents) in Martin of Journal Principation (with the Status of Dependents) in Martin of Journal Principation (with the Status of Dependents) in Martin of Journal Principation (with the Status of Dependents) in Martin of Dependents (with the Status of Dependents) in Martin of Dependents (with the Status of Dependents) in Martin of Dependents (with the Martin of Dependents) in Martin of Dependents (with the Martin of Dependents) in Martin of Dependents (with the Martin of Dependents) in Martin of Dependents (with the Martin of Dependents) in Martin of Dependents (with the Martin of Dependents) in Martin of Dependents (with the Martin of Dependents) in Martin of Dependents (with the Martin of Dependents) in Martin of Dependents (with the Martin of Dependents) in Martin of Dependents (with the Martin of Dependents) in Martin of Dependents (with the Martin of Dependents) in Martin of Dependents (with the Martin of Dependents) in Martin of Dependents (with the Ma	f this is the only section that applie	s, please do not submit this form to Employ	ee Benefits Corporation; keep a copy for yo	ur records only.
Orange in Number of Depondents (birth, death, etc.) Orange in Employment, including returning from unpaid non-PMLA lead Orange in Employment, including returning from unpaid non-PMLA lead Orange in Employment, including returning from unpaid non-PMLA lead Orange in George Coverage Orange in Cover Coverage Orange in Cover Coverage Orange in Cover Coverage Orange in Cover Coverage Orange in residence (eligiblity dampin) Orange in coverage under another employer's plan including open errollment under the spouse or dependent spain Orange in coverage under another employer's plan including open errollment under the spouse or dependent's plan Orange in Coverage under another employer's plan including open errollment under the spouse or dependent's plan Orange in Coverage under another employer's plan including open errollment under the spouse or dependent's plan Orange in Coverage under another employer's plan including open errollment under the spouse or dependent's plan Orange in Coverage under another rules that affects premisures In IRPA appeal errollment (Medical Peremina Bistotion may be retroactive to the benefit start date on a pre-tax basis for birth or adoption) Filiph to erroll in health insurance for an Affordable Cove Act (ACA) event (in g. Exchange) Election Information Current Staction Amount Fer Projected. Revised Staction Amount Fer Projected. Revised Staction Amount Fer Projected. Account Holder and Employer Signatures Interest Hall Care FSA: Solid Accounts Account Holder and Employer Signatures Interest Hall for a despitation. Limited Health Care FSA: Solid Accounts Account Holder and Employer Signatures Interest and the relation of the requirement of the plan of the	lease check only one of the followin	g qualifying events that you have experience	i:	
Change in Employment, including returning from unpaid non-PAILA lead Addition/elimination of a benefit Change in dependent eligibility Change in dependent eligibility Change in dependent eligibility Change in coverage under another employer's plan including open enrollment under the spouse or dependent is considered and provide another employer's plan including open enrollment under the spouse or dependent's plan including open enrollment under the spouse or dependent's plan including open enrollment under the spouse or dependent's plan including open enrollment under the spouse or dependent's plan including open enrollment under the spouse or dependent's plan including open enrollment under the spouse or dependent's plan including open enrollment under the spouse or dependent's plan including open enrollment under the spouse or dependent's plan including open enrollment under the spouse or dependent's plan including open enrollment under the spouse or dependent's plan including open enrollment under the spouse or dependent's plan including open enrollment under the spouse or dependent's plan including open enrollment under the spouse or dependent's plan including open enrollment under the spouse or dependent's plan including open enrollment under the spouse or dependent is plan including open enrollment under the spouse or dependent of the spouse or dependent or a plan including includin	Change in Marital Status (marria	ge, divorce, etc.)	Judgment, Decree, or Court Order	
Carage in descendent eligibility Addition/elimination of a benefit Orange in descendent eligibility Addition/elimination of a benefit Orange in Cost/Coverage Orange in Coverage under another employer's plan including open enrollment under the spouse or dependent's plan Orange in coverage under another employer's plan including open enrollment under the spouse or dependent's plan Orange in coverage under another employer's plan including open enrollment under the spouse or dependent's plan Orange in coverage under another employer's plan including open enrollment under the spouse or dependent's plan Orange in coverage under another employer's plan including open enrollment under the spouse or dependent's plan Orange in coverage under another orange under another included in a pine tax boss for birth or adoption) Orange in coverage under another orange in another included in a pine tax boss for birth or adoption) Orange in coverage under another orange in a pine tax boss for birth or adoption) Orange in coverage under another orange in a pine tax boss for birth or adoption) Orange in coverage under another included in a pine tax boss for birth or adoption) Orange in coverage under another included in a pine tax boss for birth or adoption) Orange in pine tax boss for birth or adoption) Orange in coverage under included in a decident included in a pine tax boss for birth or adoption) Orange in coverage under included in a decident i	Change in Number of Dependen	its (birth, death, etc.)	mmencement or termination of	your spouse or dependent's employment
Orange in Cost/Coverage Orange in residence (if eligibility changes) Orange in residence (if eligibility changes) Orange in consequender and present of a coverage under a government or educational institution plans Orange in consequender and plan ender employer's plan including open enrollment under the spouse or dependent's plan Orange in consequender and plan enrollment rules that affects premiums HAPA appeal enrollment to or loss of Medicare or Medicare HAPA appeal enrollment to or loss of Medicare or Medicare HAPA appeal enrollment to or loss of Medicare or Medicare HAPA appeal enrollment to or loss of Medicare or Medicare HAPA appeal enrollment to or loss of Medicare or Medicare HAPA appeal enrollment to or loss of Medicare or Medicare HAPA appeal enrollment to or loss of Medicare or Medicare Language Account the PRA Monthly Contribution Current Election Annount Fer Psychock Revised Shexton An	Change in Employment, includin	g returning from unpaid non-FMLA leav	ected)	
Change in residence (if eligibility changes) Change in residence (if eligibility changes) Change in coverage under another employer's plan including open enrollment under the spouse or dependent's plan COBRA event Ore of the following special enrollment rules that affects premiums Heaton and Appecial enrollment (rules call Pennum Bectron may be retroactive to the benefit start date on a pre-tax basis for birth or adoption) Entettement to or loss of Medicare or Medical Registron error of the following special enrollment Pennum Bectron may be retroactive to the benefit start date on a pre-tax basis for birth or adoption) Regist to error of heatility incurrance for Medical Registron error of heatility incurrance for an Affordable Care Act (ACA) event (e.g. Exchange) Election Information Current Election Amount Per Psycheck Revised Bectron Amount Per Psycheck Revised Menitor Amount Per Psycheck Revised Menitor Amount Per Psycheck Revised Heatin Care FSA: United Health Care FSA: United Health Care FSA: United Health Care FSA: Special or error of the revised of the special control to change my election. Lunderstand that my Coallying Event Election Change Form must be completed no later than 30 day and affing event. and the election change I have expanded my and affing event to the special control or change of my be entitled to the special control or broaded or changed my be defined by my participation in this plan and that any money if allocate to these accounts and do not speed by the entitle and plan and the special control to event and the special control or change of such plan and plan and control or control or changed my the betternal Code and Registation. Lincetast and that my Social Security benefits may be affected by my participation in this plan and that any money if allocate to these accounts and do not speed by the entitle and the special control or control or changed or the special control or control or changed or the internal control or control or changed or to be missed provide evides to in my empi	Change in dependent eligibility		Addition/elimination of a benefit	
Carage in coverage under another employer's plan including open enrollment under the spouse or dependent's plan Carage in coverage under another employer's plan including open enrollment under the spouse or dependent's plan Page 1 one of the following special enrollment rules that affects premiums Page 1 one of the following special enrollment rules that affects premiums Page 1 one or one of the medium Dectors may be retractive to the benefit start date on a pre-tax basis for birth or adoption) Entertiment to or loss of Medicare or Medicaid Regist to error in health insurance for an Afforded Care Act (ACA) event (e.g. Exchange) Election Information Carred Election Amount Per Pagelook Regist to error in health insurance for an Afforded Care Act (ACA) event (e.g. Exchange) Election Information Carred Election Amount Per Pagelook Regist to error in health insurance for the control of the second for	Change in Cost/Coverage		O Death of spouse or dependent	
COBRA event One of the following special enrollment rules that affects premiums In PRAA special enrollment (Medical Premium Bectron may be retroactive to the benefit start date on a pre-tax basis for birth or adoption) In PRAA special enrollment (Medical Premium Bectron may be retroactive to the benefit start date on a pre-tax basis for birth or adoption) In PRAA special enrollment (Medical Premium Bectron may be retroactive to the benefit start date on a pre-tax basis for birth or adoption) In PRAA special that the service of the serv	Change in residence (if eligibility	changes)	O Loss of coverage under a governme	ent or educational institution plan
One of the following special enrolment rules that affects premiums Health Approach enrolment (Medical Premium Electron may be retroactive to the benefit start date on a pre-tax basis for birth or adoption) Einstellment to or loss of Medicane or Medical or Medicane or Medical Premium Electron may be retroactive to the benefit start date on a pre-tax basis for birth or adoption) Pleath Savings Account (PGA) Monthly Contribution Right to error of in health in surance for Medical Cure Act (ACA) event (e.g. Exchange) Electron Information His A Contribution Current Electron Annual Per Piputheck Revised Dectron Annual Per Piputheck Revised Annual Electron Annual	Change in coverage under anoth	ner employer's plan including open enrollmen	t under the spouse or dependent's plan	
PieRPA special enrollment (Nedical Premium Election may be retroactive to the benefit start date on a pre-tax bosis for birth or adoption)	COBRA event			
PetiPAA special erroriment (Nedical Premium Election may be retroactive to the benefit start date on a pre-tax bosis for birth or adoption)	One of the following special enrollme	ent rules that affects premiums		
Pearls themers to or loss of Medicare or Medical Pearls Desired Northly Contribution Pearls or error in health insurance for an Affordable Care Act (ACA) event (e.g. Exchange) Election Information Current Dection Amount Per Projected: Revised Stocian Amount			ne benefit start date on a pre-tax basis for birt	th or adoption)
Rigid to errol in health insurance for an Affordable Care Act (ACA) event (e.g. Exchange) Election Information Current Election Amount Per Psychock Revised Election Care Sax Limited Leading Care Sax Election Care Sax				
Election Information Carred Election Amount Per Paycheck Revised Election Amount Per Paycheck Intelligence Per Paycheck Revised Election Amount Per Paycheck Revised Election Amount Per Paycheck Revised Election Amount Per Paycheck Intelligence Per Paycheck Revised Election Amount Per Paycheck Revised Election Amount Per Paycheck Revised Election Charge Sea Intelligence Per Paycheck Revised Election Charge Sea Revised Election Sea Revised Election Charge Sea Revised Election Charge Sea Revised Election Charge Sea Revised Election Charge Sea Revised Election Election Charge Sea Revised Election Charge Sea Revised Election Charge Sea Revised Election Charge Sea Revised Election Election Charge Sea Revised Election Charg	_			,
FBA Contribution: Service FBA: Service FBA	Election Information	Current Election Amount for Davis, colonial	Parisad Floring Amount Day Dayshard	k Parisad Secret Startion
Group Insurance Premiume: Same S			Revised Election Amount Per Paychec	
Heath Care FSA: Spenderd				
Limited Health Care FSA: Spepared Care FSA: Special Care FSA: S	Group Insurance Premiums:	\$	5	
Dependent Care FSA: \$	Health Care FSA:	\$		\$
Dependent Care PSA: \$	imited Health Care FSA:	\$	\$ 11111	\$ 11111
Account Holder and Employer Signatures These read of slight vicestand the registrors to drugg my election. Lunderstand that my Qualifying Event Election Change Form must be considered no later than 30 day qualifying perform the election change will be effective on the later qualifying event or on the date impact the election drugge. He appeared must be consistent with third qualifying event that passifies the revocation or change as authorized by the internal Code and Regulations. Event and all codes to the revolution of change by the passification in this plan and that any record place the election drugge will be effected by the internal Code and Regulations. Event and all codes to the resolution of the passification of th				
Account Holder and Employer Signatures These end and ship understand the epigation to change we decroin. I understand that my Qualifying Sever Election Change from must be comitted no later than 30 day allying event. I understand that exploses the election dayage will be explosed must be committed with the qualifying event. I understand that any election change will be effective on the later qualifying event or on the idate inequalifying daying the plant plant of the properties of the election dayage. In a support to even the election dayage is an electron dayage as a submitted by the effective of the electron dayage. It is allowed to the electron dayage is a submitted by the electron of the electron dayage is a submitted by the electron of the electron dayage is a submitted by the electron of the elec				
have east and fully indextand the regulations to change are electron. Lindextand that any fourth large server. Excitor Change Form must be considered to later than 30 day and jurily gream. It who electron change is the electron change in such processes and the consideration with that qualifying server. Lindests and that any electron change is a sub-invited by the effective on the later required from the consideration of the effective on the later required from the electron change. Lindests and that the processes of the electron change is a sub-invited by the internal Code and Regulation. Lindests and that are placed from the processes of the electron change is a sub-invited by the internal Locks and Regulation. Lindests and that are placed from the electron change is a sub-invited by the internal Locks and Regulation. It was also also and the sub-invited by the electron change is a sub-invited change in the electron change is a sub-invited by the ele	ND Account:	\$	\$	\$
qualifying own to not the date I requisit the decision draige. Jages the decision contrib in evidence of useful during the pilen year, unless there is a qualifying event that patifies the recordation or change as authorized by the Internal Colora and Regulation. Liveral season of the contribution of the	Account Holder and Employ	yer Signatures egulations to change my election. I understand ti	nat my Qualifying Event Election Change Form m	nust be completed no later than 30 days after
Tages the electron cannot be revioled or changed during the fault ways unless there is a qualifung event that justifies the recording or changed as authorized by the intendit. Lundestand that my Social Security benefits may be affected by my participation in this plan and that any romay is alone to these accepts a ward on outpend by the end of plan year cannot be the returned to me! allow understand that, to provide services to my employer in conscious with one or more employee benefit parts, materiated by my en Employee Benefits Corporation may need "protected benefits" of promission "agencing coverage to benefits for mor or my dependent under the jam, it by aging this Qualifying the Qualifying Permitted Return Control performs. Here's provided perforpee benefits (proporation all of stant and uses with returnal control double to my employer for our invaries provided for infection the plan, but only for authorized. The season and only for a large as the proposed or infection that the provided perforpee benefits and only for a large as the proposed or infection that the provided performs are the provided performs and the proposed of the provided performs and the provide			it qualifying event. I understand that any election	n change will be effective on the later date of t
Tundestard that my Social Security hereiffica may be affected by my participation in this plan and that any rowery all doctors to these accounts and do not speed by the eard of plan year cannot be related one as a law content and with a provide early cost to my employer in content on the originary energy between Effects in material by my year in the provides of th	agree this election cannot be revoked		a qualifying event that justifies the revocation o	or change as authorized by the Internal Revenu
Employee Benefits Corporation may need "protected health information" regarding coverage or benefits for mor or my departed student being his glaight the Daulihips Permitted Electric contracting from the selectric contracting Employee Benefit Corporation all other in use such information and doctors it to my employee for too in insurer product or leve do to the plant, it has not a selectric composition of the plant, it has not a selectric composition of the plant in the product of the plant in the pla		enefits may be affected by my participation in th	is plan and that any money I allocate to these ac	ccounts and do not spend by the end of the
Permitted Efection Change Form, I hereby acknowledge Employee Benefits Corporation and Obtain and use sch information and disclose it not my employee for to an insure producter Services to the legal and only to a long as Employee Benefits Corporation position greater segment greater segment greater products of the plant and only to a long as Employee Benefits Corporation positiong enviews segment greater and disclosed pursuant to this Qualifying Event Permitted Efection Change Form will not be subject to nedicious by the recipient, except for purposes of the plant. Lunderstand relationship and the production of the p	ilan year cannot be returned to me. I a	ilso understand that, to provide services to my e eed "protected health information" regarding or	mplayer in connection with one or more emplo overage or benefits for me or my dependents un	yee benefit plans maintained by my employer nder the plan. By signing this Qualifying Event
disclosed pursuant to this Qualifying Evert Permitted Election Charges Form will not be subject to redisclosure by the recipient, except for purposes of the plan. Linderstand rediscion charge request can be derived if I do not sign this form or if my request is not to the regulations governing permitted election charges. X	Permitted Election Change Form, I here	eby acknowledge Employee Benefits Corporation	on will obtain and use such information and discl	lose it to my employer (or to an insurer or othe
x 6	lisclosed pursuant to this Qualifying Ev	vent Permitted Election Change Form will not be	subject to redisclosure by the recipient, except	for purposes of the plan. I understand that my
	section change request can be denied	if I do not sign this form or if my request is not	d by the regulations governing permitte	ed election changes.
			6	
Account Holder Signature Date (mm-dd-yyyyy)	Account Holder Signature		U)	Date (mm-dd-yyyy)
X Payroll/HR Signature Date (mm-dd-yyyy)				Date form del
Payrolly Pik signature Date (mm-oo-yyyy)				Date (mm-dd-yyyy)



Permitted Election Change Form

Fax to: **608 831 4790**

Mail to: Employee Benefits Corporation, PO Box 44347, Madison WI 53744-4347

2

Hire Date (mm-dd-yyyy)

Phone support: **800 346 2126** | 608 831 8445 E-mail support: **employerservices@ebcflex.com**

Please complete this form and return it to your employer for signature within 30 days of your Qualifying Event. *Employer:* Please sign and return form to Employee Benefits Corporation. You may wish to keep a copy for your records.

General Information

Employee Benefits Corporation

Company Name		Division				
Account Holder Information			Social Security or Identification Numb	er (Required)	ı	
Last Name		Suffix	First Name			M
Mailing Address	Apt. No.	City		State	Zip Code	

Qualifying Event

Date of Birth (mm-dd-yyyy)

Note: Benefit elections not changed will remain in effect until the renewal plan year Effective Date. If this form is completed and signed BEFORE THE QUALIFYING EVENT, THEN THE NEW ELECTION IS EFFECTIVE ON THE DATE OF THE EVENT. If this form is completed and signed AFTER THE QUALIFYING EVENT, THEN THE NEW ELECTION IS EFFECTIVE ON THE DATE OF THE SIGNATURE. The first payroll date affected by the event must occur after the signature date of this form.

Remember: The revocation and new election must both be as a result of a qualifying event and be consistent with that event.

E-mail Address (we do not share your e-mail address)

Qualifying Event Date (mm-dd-yyyy) First Payroll Date Affected By The Qualifying Event (mm-dd-yyyy)

Health Care or Limited Health Care Flexible Spending Account (FSA)

Please check only one of the following qualifying events that you have experienced:

Change in Marital Status (marriage, divorce, etc.)

Judgment, Decree, or Court Order

Change in Number of Dependents (birth, death, etc.)

Commencement or termination of your spouse or dependent's employment

Change in Employment, including returning from unpaid non-FMLA leave (if eligibility is affected)

Change in dependent eligibility Entitlement to or loss of Medicare or Medicaid

COBRA event Death of spouse or dependent

Dependent Care Flexible Spending or Individual Billed Insurance Premium Accounts (IND)

Change in Marital Status (marriage, divorce, etc.)

Change in Provider

Change in Number of Dependents (birth, death, etc.)

Commencement or termination of your spouse's employment

Change in Employment, including returning from unpaid leave (if eligibility is affected)

Child starts/stops school

Change in dependent eligibility Death of spouse or dependent

Change in coverage under another employer's plan

Explanation of Change Note: You may be required to submit documentation to verify your qualifying event.

Please explain below, the election change you wish to make to the Health Care or Dependent Care FSA or the IND account and why the requested change is consistent with your qualifying event. Describe the loss or gain of eligibility for coverage. An election change is consistent only if it is necessary or appropriate as a result of the qualifying event.

© 2017 Employee Benefits Corporation 8066-3 05/17

Qualifying Event (cont.)

Group Insurance/Plan Premiums

If this is the only section that applies, please do not submit this form to Employee Benefits Corporation; keep a copy for your records only.

Please check onl	v one of the fo	ollowing qualify	ving events that v	ou have experienced:

Change in Marital Status (marriage, divorce, etc.)

Judgment, Decree, or Court Order

Change in Number of Dependents (birth, death, etc.)

Commencement or termination of your spouse or dependent's employment

Change in Employment, including returning from unpaid non-FMLA leave (if eligibility is affected)

Change in dependent eligibility

Addition/elimination of a benefit

Change in Cost/Coverage

Death of spouse or dependent

Change in residence (if eligibility changes)

Loss of coverage under a government or educational institution plan

Change in coverage under another employer's plan including open enrollment under the spouse or dependent's plan

COBRA event

One of the following special enrollment rules that affects premiums

HIPAA special enrollment (Medical Premium Election may be retroactive to the benefit start date on a pre-tax basis for birth or adoption)

Entitlement to or loss of Medicare or Medicaid Health Savings Account (HSA) Monthly Contribution

Right to enroll in health insurance for an Affordable Care Act (ACA) event (e.g. Exchange)

Election Information

	Current Election Amount Per Paycheck	Revised Election Amount Per Paycheck	Revised Annual Election
HSA Contribution:	\$	\$	\$
Group Insurance Premiums:	\$	\$	\$
Health Care FSA:	\$	\$	\$
Limited Health Care FSA:	\$	\$	\$
Dependent Care FSA:	\$	\$	\$
IND Account:	\$	\$	\$

Account Holder and Employer Signatures

I have read and fully understand the regulations to change my election. I understand that my Qualifying Event Election Change Form must be completed no later than 30 days after the qualifying event, and the election change I have requested must be consistent with that qualifying event. I understand that any election change will be effective on the later date of the qualifying event or on the date I request the election change.

I agree this election cannot be revoked or changed during the plan year, unless there is a qualifying event that justifies the revocation or change as authorized by the Internal Revenue Code and Regulations.

I understand that my Social Security benefits may be affected by my participation in this plan and that any money I allocate to these accounts and do not spend by the end of the plan year cannot be returned to me. I also understand that, to provide services to my employer in connection with one or more employee benefit plans maintained by my employer, Employee Benefits Corporation may need "protected health information" regarding coverage or benefits for me or my dependents under the plan. By signing this Qualifying Event Permitted Election Change Form, I hereby acknowledge Employee Benefits Corporation will obtain and use such information and disclose it to my employer (or to an insurer or other provider of services to the plan), but only for purposes of the plan and only for as long as Employee Benefits Corporation is providing services regarding the plan. Any information disclosed pursuant to this Qualifying Event Permitted Election Change Form will not be subject to redisclosure by the recipient, except for purposes of the plan. I understand that my election change request can be denied if I do not sign this form or if my request is not supported by the regulations governing permitted election changes.

X	
Account Holder Signature	Date (mm-dd-yyyy)
x	
Payroll/HR Signature	Date (mm-dd-yyyy)