Change of Election(s)

A change of elections(s) must be relevant to and on account of the circumstance causing the change. Changes must be made within 30 days of the qualifying event.

Group Number: _____ Employee/Co.Name: _____

Employee Name: _____ Social Security # : _____

Effective date of change :_____ First payroll affected by change: _____

TYPE OF CHANGE

I hereby request a change in my benefit elections(s) as follows:

Medical Expenses (out-of-pocket)

A. Change payroll deduction from $_____ to $ _____

B. Revised annual election $ _____

(To determine new annual election, take your year-to-date deductions made at the old rate plus your revised deductions at the new rate for the remaining pay periods in the plan year.)

106P-Independent Insurance (premiums billed to your home) Change payroll deduction from $ _____ to $ _____

Dependent/DayCare Account Change payroll deductions from $ _____ to $ _____

Group Insurance Premium Change payroll deductions from $ _____ to $ _____

Transportation Benefit Change payroll deduction from $ _____ to $ _____

Name Change: _____

Address Change: _____

REASON FOR CHANGE

- ☐ Change in Legal Marital Status
- ☐ Change in number of dependents
- ☐ Change in employment status
- ☐ Dependent satisfies or ceases to satisfy eligibility requirement
- ☐ Change in residence
- ☐ HIPAA Special Enrollment Rights
- ☐ Judgement, Decree or Order
- ☐ Entitlement to Medicare or Medicaid
- ☐ COBRA
- ☐ FMLA
- ☐ Change in the cost of Coverage
- ☐ Significant curtailment of Coverage
- ☐ Addiction or elimination of benefit package
- ☐ Change in coverage of spouse or dependent under other employer's plan

Employee Signature: _____ Date: _____

Please Forward to your Payroll Department

The Payroll Factory

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