

# APPLICATION FOR CHANGE UNDER SECTION 125 FLEXIBLE BENEFIT PLAN

This is a legal document. Information provided must be accurate and complete.

The employer has the right to request back-up documentation relating to your request.

The requested change must be consistent with the EVENT and is subject to review and possible rejection.

Employee: \_\_\_\_\_ EMP ID# 99 \_\_\_\_\_

Social Security #: \_\_\_\_\_ Ph# \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street / P.O. Box City State Zip

DEALER:

AWC AMC AVK ADG FLO NIS BOE TEO ATV TEM AEP ASC

**REQUESTED CHANGE/s:** Add } Dependent } Medical  
(Check each that applies) Change } Coverage } Dental  
Cancel }

**REQUESTED EFFECTIVE DATE:** \_\_\_\_\_

**DATE YOU FIRST KNEW THIS CHANGE WOULD BE NEEDED:** \_\_\_\_\_ (APPROXIMATE OK)

**INDICATE WITH A  ONE OF THE FOLLOWING (MOST APPLICABLE) "QUALIFIED" EVENTS:**

- Change in legal marital status (marriage, divorce, death of spouse, legal separation, annulment)
- Change in number of tax dependents (birth, adoption, placement for adoption, or death)
- Change in employment status affecting benefit eligibility of you, your spouse, or dependent (termination or commencement of employment, change in hours or classification, strike/lockout, commencement or return from unpaid leave of absence or qualified change in worksite affecting access to benefits)
- Tax dependent satisfies or ceases to satisfy eligibility requirement (attainment of age 23, gain/loss of student status, marriage, etc.)
- Residence change of you, spouse, or dependent significantly affecting access to care under the plan
- Significant cost Increase OR Decrease - AMOUNT: \$ \_\_\_\_\_ OR Coverage Reduced
- Change in coverage under another employer's plan including significant change/improvement
- Loss of coverage under group health plan of governmental or educational institution
- FMLA leave
- HIPAA special enrollment
- Entitlement to, or loss of eligibility for, Medicare or Medicaid
- COBRA qualifying event
- Judgement, decree, order (e.g., QMCSO)
- Spouse's Open Enrollment

What is the specific cause for the requested change?

\_\_\_\_\_

Your signature acknowledges your understanding of the Section 125 change restrictions; that you have read and agree to comply with the information provided herein (front and back of this page) and further certifies your statements and documentation to be true, accurate, and complete. Please read page 2 for more details about Section 125.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## General Information regarding Section 125 change requests:

- If terminated & rehired within 30 days, you must “step back” into previous election.
- If you have a change in status event, you must provide factual information explaining the request for a change in your Section 125 election within 30 days of the occurrence.
- The “general consistency” rule requires your change be on account of and corresponding with a change in status that affects eligibility for coverage under an employer’s plan.
- If the status change is your divorce, annulment, or legal separation, the death of your spouse or dependent, or a dependent who ceases to satisfy eligibility requirements for coverage, you can cancel coverage for the affected person only.
- If you, your spouse, or dependent gains eligibility for coverage under another employer’s cafeteria plan or qualified benefit plan as a result of a change in marital or employment status, you can cease or decrease coverage for that individual only if coverage for that individual becomes effective or is increased under another employer’s plan.
- Life, disability, or dismemberment coverage is not included under this Section 125 plan and therefore is not restricted as Dental and Medical changes are.
- You can make an election change if (1) the election change is on account of and corresponds with a change in status that affects eligibility for coverage under an employer’s plan, (2) the election change is on account of and corresponds with a change in status that affects eligibility of dependent care expenses under Section 125, or (3) the election change is on account of and corresponds with a change in cost or change in coverage provided under the sponsor’s plan.
- Your request must be made within the time restrictions required under Federal law for notice of a qualifying event and the sponsor’s existing policies.
- Federal law governs changes allowed within the Section 125 plan. Your request will be evaluated both in light of these laws and documentation/statements submitted by you or on your behalf by another party. Judgement shall be made by the appointed Section 125 Administrator as to whether or not a requested change meets current legal requirements.
- This election form revokes any prior election form completed and will remain in effect and cannot be revoked or changed during the plan year unless the revocation and new election are consistent with a valid status change, or other qualifying event.
- Participation will automatically cease upon employment termination.
- If accepted, changes shall be effective according to Section 125 stipulations.

See also page 8 of your Benefits Book @ [www.ancira.org](http://www.ancira.org) > My Benefits