

EMPLOYEE CHANGE OF STATUS FORM

Fill out a separate Change of Status Form for each benefit election change requested.

EMPLOYER NAME _____

DATE: _____

EMPLOYEE NAME: _____

SSN: _____ DIVISION: _____

PLEASE READ: Before submitting this form, check the Change of Status matrix distributed with the Summary Plan Description to see if the change in election you are requesting is acceptable for your change in status. You must submit a Change of Status Form within 30 days of the changing event.

I want to replace an existing election with a new election effective on pay period _____
EFFECTIVE DATE CANNOT BE BEFORE THE LATER OF DATE OF EVENT OR THE DATE FORM IS SIGNED AND RECEIVED BY PLAN ADMINISTRATOR.

Existing Benefit Election: _____

Deduction Amount per Pay Period: \$ _____

New Benefit Election: _____

Deduction Amount per Pay Period: \$ _____

My event is: _____

_____ Event Date: _____ Code _____

I want to **ADD A NEW ELECTION effective on pay period:** _____
 TERMINATE AN ELECTION effective on pay period: _____

EFFECTIVE DATE CANNOT BE BEFORE THE LATER OF DATE OF EVENT OR THE DATE FORM IS SIGNED AND RECEIVED BY PLAN ADMINISTRATOR.

Deduction Amount per Pay Period: \$ _____

Benefit Election: _____

My event is: _____

_____ Event Date: _____ Code _____

I certify that I have had the above change in status and request that changes in my elections be made as indicated. In no event may the actions be effective before the first pay period beginning after this form is completed and returned to MY EMPLOYER.

Employee Signature: _____ Date: _____

EMPLOYER ACCEPTANCE OF CHANGE REQUEST

(COMPLETED BY PAYROLL DEPT. AS AUTHORIZED)

Change in deductions made on Pay Period No. _____ Pay Date: _____

Authorized Signature: _____ Date: _____

SHAFFER INSURANCE SERVICES INC. CHANGE ENTRY RECORD

Change in deductions made on Pay Period No. _____ Pay Date: _____

Signed: _____ Date: _____

Following is a list of acceptable events for changing your elections. Please check the Change of Status Matrix distributed with the Summary Plan Description to see if the requested change in elections is acceptable and consistent with your change in status. The change in elections cannot be effective before this form is signed and returned to the Plan Administrator. You must submit a change of status form within 30 days of the change in status.

CODE EVENT

1. Marriage
2. Gain dependent: Birth – Adoption – Foster Child – Dependent Gains Eligible Status – QMCSO
3. Lose spouse: Divorce – Legal Separation – Death of Spouse
4. Lose 1 or more dependents
5. Spouse gains job.
- 6a. Employee, spouse, or dependent gains Major Medical coverage through employment change.
- 6b. Employee, spouse, or dependent gains Supplemental Medical coverage through employment change.
- 6c. Employee, spouse, or dependent gains Health FSA coverage through employment change.
7. Spouse loses job.
- 8a. Employee, spouse or dependent loses Medical coverage through employment change.
- 8b. Employee, spouse or dependent loses Supplemental Medical coverage through employment change.
- 8c. Employee, spouse or dependent loses Health FSA coverage through employment change.
9. Spouse takes unpaid leave of absence.
10. Spouse returns from leave of absence.
11. Pay increase or decrease.
12. Pay shortage:
13. Employee taking unpaid leave of absence (other than FMLA).
14. Employee taking unpaid leave of absence (FMLA).
15. Return from unpaid leave of absence (other than FMLA).
16. Return from FMLA unpaid leave of absence.
17. Termination and rehire within 30 days.
- 17a. Termination and rehire after 30 days.
18. Short-term Disability (absence with pay)
19. Termination of Employment (flex enrollment ceases).
20. Employee moves from flex-ineligible to flex-eligible.
21. Move from flex-eligible to flex-ineligible status (flex enrollment ceases)—e.g., full-time to part-time.
22. Employee moves from part-time benefits eligible to full time.
23. Employee moves from full-time to part-time benefits ineligible.
24. Spouse moves from full-time to part-time.
25. Spouse moves from part-time to full-time.
26. Geographic relocation within flex (considered to have occurred only if current coverage not available in new location).
27. Transfer from non-flex subsidiary.
28. Transfer to non-flex subsidiary.
29. Changes in employee's or spouse's work shift eliminates or necessitates dependent care.
30. Dependent child moves outside HMO service area due to relocation of custodial parent who is not employee.