

**CHANGE OF FAMILY STATUS  
DECLARATION FORM**

For purposes of providing information necessary for the Administration of your Section 125 Flexible Spending Plan, will you please answer the following questions, sign and date this form, and return it to your **Payroll Department**. Thank you.

(1) PLEASE CHECK ONE:

- I am asking to START group insurance,  START a Flexible Spending Account. (A **pink** election form must be completed to start Flexible Spending Accounts).
- I am asking to STOP my group insurance,  STOP a Flexible Spending Account.
- I am asking for a CHANGE in status on my group insurance (single to family coverage, for example).
- I am asking for a CHANGE in status on my flexible spending account.

(2) PLEASE CHECK ONE, and provide a brief explanation.

- I have become married, divorced, or become subject to a legal separation agreement. Please circle the event that applies, and write in the effective date \_\_\_\_\_.
- My spouse has had a change in employment status, which means obtained a job, lost a job, changed to part-time work, or changed from part-time to full-time work. Please circle the event that applies, and tell us the effective date \_\_\_\_\_.
- I / We have a newborn child, or I / We have adopted a child. Please circle the event that applies, give us the child's name \_\_\_\_\_, and tell us what date the child was born or adopted \_\_\_\_\_.
- I / We no longer have a child who is a dependent, for income tax purposes. Please tell us the effective date that the child is no longer a dependent \_\_\_\_\_.
- My spouse or a child of mine has died. Please tell us the dependent's name \_\_\_\_\_ and tell us the date of death \_\_\_\_\_.
- The reason for my wanting to change my group insurance, or Flexible Spending Account, are for reasons not covered above. Please explain the reasons why your particular change effects your benefits under your Section 125 Flexible Spending Plan.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EFFECTIVE DATE OF MY CHANGE:** \_\_\_\_\_

My answers to the questions above are true and complete.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
PLEASE PRINT YOUR NAME

\_\_\_\_\_  
EMPLOYER'S NAME