



3125 Airport Parkway, Cambridge, MN 55008
 Metro: 763-552-6053 Toll Free: 888-507-6053 Fax: 763-552-6055
 www.ebcsolutions.com

A division of Educators Financial Services, Inc.

Section 125 Flexible Benefits Plan - Change in Status Form

For Plan Year Ending: _____ Employer: _____

Name: _____ SSN: _____

I wish to make a change in my benefit election under the Section 125 Flexible Benefit Plan. I hereby verify that this change is to be made on account of the change in family status indicated below which occurred on the _____ day of _____, 20_____.

- Marriage
- Divorce
- Birth of a child
- Adoption of a child
- Death of a child
- Death of a spouse
- Change in Cost or Coverage of Health Insurance Plan**
- Change of spouse's employment
- Change of employee's employment status
- Change in Residence**
- Other (please specify) _____

Please make the benefit selection changes as indicated above. The change requested must be consistent with, and due to the family status change shown above.

<u>Add</u>	<u>Stop</u>	<u>Change</u>	<u>Benefit</u>	<u>Old Election</u>	<u>Change (+/-)</u>	<u>New Election</u>
_____	_____	_____	Dependent Care*	\$ _____	_____	\$ _____
_____	_____	_____	Group Term Life*	_____	_____	_____
_____	_____	_____	Outside Health Ins.	_____	_____	_____
_____	_____	_____	Health (out-of-pocket exp.)	_____	_____	_____
Total Election				\$ _____		\$ _____

* Please refer to limitations stated in the Summary Plan Description.

** Does not apply to Medical FSA.

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 on account of and consistent with a change in family status. These changes will be effective the first of the month following the date this form is submitted to the employer. I declare that the information I have furnished above is, to the best of my knowledge and belief, true, correct and complete.

Signature

Date