

**FLEXIBLE SPENDING PLAN
CHANGE IN STATUS ELECTION FORM**

Employer Name: _____

Employee Name: _____

Employee Address: _____

Employee Social Security Number: _____

Employee Number: _____

Plan Year _____ through _____

As a participant in the cafeteria plan, I am entitled to revoke my prior benefit election and enter into a new election in the event of certain changes in status.

I understand that the change in my benefit election must be necessitated by and consistent with the change in status and that the change must be acceptable under the Regulations issued by the Department of Treasury.

I certify that I have incurred the following change in status:

_____ Marriage

_____ Divorce, Legal Separation or Annulment

_____ Birth, adoption or placement for adoption of a child

_____ Death of my spouse and/or dependent

_____ Termination or commencement of employment by my spouse or dependent

_____ Switching from part-time to full-time (or vice-versa) employment on the part of me or my spouse, or dependent or reduction or increase in hours, strike or lockout

_____ I, my spouse or dependent have taken an unpaid leave of absence

_____ A change in the residence or worksite of myself, my spouse or dependent

_____ My dependent satisfies or ceases to satisfy the requirements for coverage

_____ Other: _____

The Administrator may require you to provide evidence to document the event which requires the change of election.

_____ Date _____

Employee's signature

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