

# Cafeteria Plan Change of Status Form



(Please complete this form and return it to your Human Resource Department)

<b>Personal Information</b>	Company Name		Social Security Number	
	Employee Name (First Name, Last Name)		Current Date	
	Street Address, City, State, Zip		Date of Event/Termination	
<b>Qualifying Event</b>	<input type="checkbox"/> <b>Change of Status</b> i.e. Marriage, Divorce, Death, Legal Separation, Birth, Adoption, No Longer Dependent, Employment Change, Spousal Employment Change, etc.			
	List all Dependents (including Spouse):			
	<b>Full Name</b>	<b>Date of Birth</b>	<b>Relationship</b>	<b>Reason for Change of Status</b>
<b>Change of Benefit</b>	<input type="checkbox"/> <b>Change Cost or Provider – Dependent Care</b> i.e. Change of Day Care Provider, Cost Increases or Decreases			
	<input type="checkbox"/> <b>Termination of Employment</b>			
	The payday that the new deduction begins: _____			
		<b>Prior Annual Election Amount</b>	<b>New Annual Election Amount</b>	<b>Frequency of Withholding (weekly, semi-monthly, etc.)</b>
	<b>Health Care Expense</b>			
<b>Day Care Expense</b>				
Date of last payroll deduction (if termination of employment ): _____				
<b>Employee Signature</b>	Employee Signature		Date	
	Company Representative Signature		Date	

Welfare-524 (07/2011)

**Please return to your Human Resource Department**