



Participant Change in Status Participant Termination of Election

This form must be completed by the employer and submitted to take care® by WageWorks when an active plan participant's account needs to be updated for a change in status that effects their election or to terminate an election. (For new enrollments please complete an enrollment form.)

This request is for (check one): Change in Status Termination of Election

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Company Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Contact Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Participant Name

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Participant Social Security Number (last 4 digits)

I. Participant Change in Status

Complete this section if the participant has a change in status which effects his/her benefit election.

A participant in the Cafeteria Plan is entitled to revoke prior benefits election and enter into a new election in the event of certain changes in status. The change in benefits election must be due to, and consistent with, the change in status and that the change must be acceptable under the Regulations issued by the Department of Treasury.

Effective date of benefit change (MM/DD/YY):

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Reason for change in status (must be provided):

- Change in marital status
- Change in number of tax dependents
- Changes in spouse or dependent's eligibility under an employer's plan
- Change in employment status that changes eligibility status
- Change in cost or coverage (applicable for health insurance and dependent care assistance account elections only)

Change election(s) as follows:

Health Care Account Yes No If "Yes" the following information is required:

Current annual election: \$

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 New annual election: \$

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Current per pay period election: \$

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 New per pay period election: \$

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Effective with which payroll date (MM/DD/YY):

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Dependent Care Program Yes No If "Yes" the following information is required:

Current annual election: \$

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 New annual election: \$

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Current per pay period election: \$

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 New per pay period election: \$

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Effective with which payroll date (MM/DD/YY):

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Other Benefit Yes No If "Yes" specify the type of benefit

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The following information is required:

Current annual election: \$

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 New annual election: \$

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Current per pay period election: \$

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--	--	--

 New per pay period election: \$

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Effective with which payroll date (MM/DD/YY):

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II. Benefit Termination

Is this participant terminating a benefit for reasons other than termination of employment? Yes No

If "Yes" the following information is required:

Benefit termination date (MM/DD/YY):

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 Current per pay period election: \$

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III. Employment Termination

Is this participant's change due to a termination of employment? Yes No If "Yes" the following information is required:

List the date of this participant's last benefit plan contribution (MM/DD/YY):

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Additional Comments:

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Employer Signature

Date

Complete form, sign, and fax to 855-501-4833