PREFERRED PG GROUP

FLEX PLAN
The Flexible Benefits Plan
Change in Status
Election Change Form

Instructions: Request for mid-year election change in the event of a change in status as noted below.

Participant Name: _____ Soc. Sec. No: _____

Home Address: _____
         Number/Street   City   State   Zip Code
Employer Name: _____

I request the following change(s) in my benefit election(s) and salary redirection which are consistent with the change in status noted below:

I   Benefits:

		Change Annual Election FROM	Change Annual Election TO
☐	Health Insurance Premium	$_____	$_____
☐	Dental Insurance Premium	**$_____**	$_____
☐	Vision Insurance Premium	$_____	$_____
☐	Unreimbursed Medical FLEX Spending Account (UMA)	$_____	$_____
☐	Dependent Day Care FLEX Spending Account (DC)	$_____	$_____
☐	Premium Expense FLEX Spending Account (PE)	$_____	$_____
☐	Other (specify) _____	$_____	$_____

II   Type of Change:
☐ Marital Status (marriage, divorce, separation, annulment, death of spouse)
☐ Number of Dependents (birth, death, adoption or placement for adoption)
☐ Employment Status (spouse/dependent termination, strike, leave of absence, worksite, eligibility for benefits)
☐ Residence (changes which affect eligibility or access to service provider)
☐ Gain/Loss of Eligibility for Medicare/Medicaid
☐ Cost of Coverage Change (Not Applicable to UMA. Not Applicable to DC, if provider is a relative.)
☐ Coverage Change (Not Applicable to UMA.)

III   Date of Occurrence: _____

IV   Consistency Requirement:
    You **must** give specifics of change indicating how requested change in election is **consistent with** change in status event.

_____

_____

_____

Participant Signature: _____date_____

Employer Signature: _____date_____