

Group Information																																							
Group Name:					Group ID#:																																		
Employee Information (Please Print)					Spending Account ID #																																		
Last Name		First Name		Middle Initial	S	A																																	
Street Address					Social Security # (if SA# is not known)																																		
City		State		Zip	Daytime Phone #																																		
Qualifying Event Information																																							
<p>I have experienced a change in status as indicated below. The effective date of change is: _____ <small>(You have a limited time period to submit this change. Discuss with your benefits department to determine the time period.)</small></p> <p>Change affects: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent</p>																																							
<p>1. Employment Status Change</p> <p><input type="checkbox"/> Termination of employment <input type="checkbox"/> Full-time to Part-time <input type="checkbox"/> Leave of Absence (unpaid)</p> <p><input type="checkbox"/> Commencement of employment <input type="checkbox"/> Part-time to Full-time</p> <p><input type="checkbox"/> Continuation through COBRA (for Medical Expense Reimbursement Only)</p>																																							
<p>2. Marital Status Change</p> <p><input type="checkbox"/> Marriage <input type="checkbox"/> Legal Separation <input type="checkbox"/> Divorce <input type="checkbox"/> Widowed</p>																																							
<p>3. Dependent Status Change</p> <p><input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Death</p>																																							
<p>4. <input type="checkbox"/> Other: _____</p>																																							
<p>Due to the Qualifying Event indicated above, I am requesting that my Further enrollment for this plan year be changed. <small>(Election amounts cannot be lowered if your employee (self) is terminating employment)</small></p> <table style="width:100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;">Current Annual Election</td> <td style="text-align: center;">Current Per Pay Period Deduction Amount</td> </tr> <tr> <td>From:</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Medical Expense</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Dependent/Day Care Expense</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Premium Reimbursement Expense</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td></td> <td style="text-align: center;">New Annual Election</td> <td style="text-align: center;">New Per Pay Period Deduction Amount</td> </tr> <tr> <td>To:</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Medical Expense</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Dependent/Day Care Expense</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Premium Reimbursement Expense</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table> <p>Groups who submit onfile payroll information must update their onfile payroll worksheet accordingly.</p>											Current Annual Election	Current Per Pay Period Deduction Amount	From:			<input type="checkbox"/> Medical Expense	\$ _____	\$ _____	<input type="checkbox"/> Dependent/Day Care Expense	\$ _____	\$ _____	<input type="checkbox"/> Premium Reimbursement Expense	\$ _____	\$ _____		New Annual Election	New Per Pay Period Deduction Amount	To:			<input type="checkbox"/> Medical Expense	\$ _____	\$ _____	<input type="checkbox"/> Dependent/Day Care Expense	\$ _____	\$ _____	<input type="checkbox"/> Premium Reimbursement Expense	\$ _____	\$ _____
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Employee Signature - Not required for terminating employees (self)																																							
<p>I certify that the status change as noted above has occurred. I authorize that my enrollment records be changed or cancelled as requested.</p>																																							
Employee's Signature			Print Name			Date																																	
Group Signature																																							
Group Signature						Date																																	

Questions? Call Group Leader Services at 1-888-460-4013.

Send via secured email only:
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