

Family Status Change Required Employee Benefit Change Request Form

According to IRS regulations, unless this is a specific qualifying event (marriage, divorce, birth, death, employment change or dependent reaching age limit), the Section 125 Cafeteria Plan form may not be removed or changed during the plan period. The plan period and the salary reduction period are from January 1 to December 31. Requests for changes must be submitted to the Benefits Office, with appropriate documentation, within 25 days of the qualifying event. A letter from the employer is required for employment changes.

Employee Name: _____ **Employee ID#:** _____

Hours Worked per week: _____ **School and Building Number:** _____

Position: _____ **Qualifying Event:** _____

Date of Qualifying Event: _____ **Requested Effective Date of Change:** _____

Events between the 1st and the 14th will be effective the first day of the previous month

Events between the 15th and the 31st will be effective the first day of the following month

- *The cost of your benefits will be adjusted on the next payroll processing and may contain any adjustments necessary due to your requested family status change.*

Adding or Removing Dependents – you MUST list their names and date of birth (D.O.B):

Dependent Name: _____ D.O.B.: _____ Relation: _____

Dependent Name: _____ D.O.B.: _____ Relation: _____

Dependent Name: _____ D.O.B.: _____ Relation: _____

Dependent Name: _____ D.O.B.: _____ Relation: _____

Dependent Name: _____ D.O.B.: _____ Relation: _____

Changes to Benefits: Provide detailed information for the changes you would like to make

Medical : _____

Dental: _____

Vision: _____

Supporting Documentation must accompany this request form for any changes to be processed.

Contact the Benefits Department for examples of IRS acceptable documentation 913-993-6454

The above information is true and complete to the best of my knowledge and entitles me to change my Section 125 Cafeteria Plan Elections for the current plan year. I understand misrepresentation of the above information may leave me liable for disqualification of the tax savings benefit plan. I have attached the appropriate documentation, for the qualifying event and enrollment or change forms for the benefit changes.

Signature _____ **Today's Date**

Below – to be completed by the Benefits Office

Frequency _____

FTE _____

WIR/NPR _____

Bargaining Unit _____

Cash Fringe Option: Yes or NO _____