



## CHANGE OF STATUS AND ELECTION CHANGE FORM

### PART I. CHANGE OF STATUS

EMPLOYER INFORMATION	EMPLOYEE INFORMATION
Employer Name: _____	Employee Name: _____
Group Tax I.D.: _____	Employee SSN: _____
	<b>CHANGE OF STATUS DATE:</b> _____

**TYPE OF STATUS CHANGE:** *(Select Applicable Status Change)*

	A. Change in legal marital status. <i>Select the applicable change below.</i> Marriage    Death of Spouse    Divorce    Legal Separation    Annulment
	B. Change in number of dependents a participant has including a change due to: <i>(Select the applicable change below. (Complete Dependent Section below.)</i> Birth    Adoption    Placement for Adoption    Death of a Dependent
	C. Change in the Employment Status of the participant, participant's spouse or a dependent. <i>(This includes a termination or commencement of employment, a strike or lockout, a commencement of or return from an unpaid leave of absence, and a change in work site.) (Provide dependent's name in Dependent Section, if applicable.)</i> Explain Employment Status Change: _____
	D. Change in Dependent Status for Eligibility Purposes. <i>(A qualifying status change occurs if a dependent satisfies or ceases to satisfy eligibility requirements on account of attainment of age, student status, or any similar circumstances.) (Complete Dependent Section below.)</i> Explain Dependent Status Change: _____
	E. Change of Residence of the participant, the participant's spouse, or a dependent.
	F. Commencement or Termination of Adoption Proceedings.
	G. A judicial decree that requires health insurance coverage for a participant's dependent child or foster child resulting from: <i>Select the applicable action. (Complete Dependent Section below.)</i> Divorce    Legal Separation    Annulment Change in Legal Custody, including Qualified Medical Child Support Order.
	H. For health insurance coverage elections only, enrollment of the participant, the participant's spouse, or a dependent for health benefit coverage under Medicare or Medicaid. <i>(Complete Dependent Section, if applicable.) Does not apply to Ameritas Dental or Vision benefits.</i>
	I. Significant Changes in Cost. <u>Does not apply to Ameritas Dental or Vision benefits.</u>
	J. Significant Changes in Coverage.

**DEPENDENT(S) SECTION:**

Name of Applicable Dependent	Relationship	Date of Birth	Sex

I hereby authorize a change to the reduction in my salary in accordance with my benefit/status change as shown under Part 1 Change of Status section of this form.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## CHANGE OF STATUS AND ELECTION CHANGE FORM

### PART II. ELECTION CHANGE FORM EXIBLE BENEFIT CAFETERIA PLAN

EMPLOYER INFORMATION	EMPLOYEE INFORMATION
Employer Name: _____	Employee Name: _____
Group Tax I.D.: _____	Employee SSN: _____
Address: _____ <div style="text-align: center; margin-left: 20px;">Street</div> <hr style="width: 80%; margin: 0 auto;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>City</span> <span>State</span> <span>Zip</span> </div>	*Address: _____ <div style="text-align: center; margin-left: 20px;">Street</div> <hr style="width: 80%; margin: 0 auto;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>City</span> <span>State</span> <span>Zip</span> </div> <p style="font-size: small; margin-top: 5px;">* Is the address above an address change? ___Yes ___No</p>

AUTHORIZED CONTRIBUTIONS		
Current Benefits	Current Deductions	New Deductions
Medical -	\$	\$
Dental -	\$	\$
Vision -	\$	\$
Specified Disease -	\$	\$
Voluntary Products -	\$	\$
	\$	\$
	\$	\$
	\$	\$
Medical Reimbursement - Ameritas <small>Maximum annual allowable contribution is limited, please check with your employer.</small>	\$	\$
Dependent Care Reimbursement - Ameritas <small>Maximum Annual Amount cannot exceed \$5,000 if Married Filing Jointly, \$2,500 if Married Filing Separately.</small>	\$	\$

**List any Dependent(s) to be added in the Dependent Section located in Part I of this form.**

I hereby request the election of benefits shown above as a result of a change in my status as shown under Part 1. Change of Status section of this form:

**CHANGE OF STATUS DATE:** \_\_\_\_\_

**EFFECTIVE DATE OF DEDUCTION CHANGE:** \_\_\_\_\_

<b>EMPLOYEE SIGNATURE:</b> _____	<b>DATE:</b> _____
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