

**HEALTH CARE REIMBURSEMENT ACCOUNT
REQUEST FOR CHANGE IN STATUS FORM**

COMPANY NAME _____

EMPLOYEE NAME _____ SS# _____

When you have a qualifying change in status, you may request a change to revoke the existing plan election and make a new election for the remainder of the current plan year. Election changes are generally restricted to *events that affect eligibility* of the Health Care Reimbursement Account. To be permitted, a qualifying event must occur, and the election change must be "consistent" with the event (Section 2 explains "consistent").

Complete Sections 1, 2 and 3 and submit to Benefits within 31 days of the change in your status. Your request will be reviewed and a determination made as to whether the request is permissible under current regulations.

SECTION 1 (NOTE: You may be required to submit appropriate documentation to verify the event.)

Check one of the following qualifying change in status events that you have experienced:

- Change in legal marital status (marriage, divorce, annulment, legal separation, death of spouse)
- Change in number of tax dependents (birth, adoption, placement for adoption, death)
- Commencement or termination of employment by you, your spouse or your dependent
- Change in work schedule (reduction or increase in hours worked by you, your spouse or your dependent; changing from part-time to full-time or from full-time or part-time work status; strike or lockout, taking or returning from unpaid leave of absence)
- Dependent meets or ceases to meet dependent eligibility status (reaches limiting age, loses or gains student status, marriage)
- Other _____

Date of Change in Status event identified above: _____ New Annual Election Amount: \$ _____

Your per pay period deduction will be calculated below by your Employer.

SECTION 2

Please explain below the election change you wish to make. Also explain why your requested change is consistent with your status change. An election change is consistent only if the election change is necessary or appropriate as a result of the status change event.

SECTION 3

I have read and fully understand the regulations to change my election. I understand that this Change in Status Form must be completed within 31 days of the change in status event, and the election change I have requested must be consistent with the change in status event. I understand any election change will be effective on the later date of either the change in status or the date I requested the election change. I certify that the above information is true and correct, and agree to provide any necessary third-party documentation to verify the change in status event.

EMPLOYEE SIGNATURE _____ DATE _____

TO BE COMPLETED BY EMPLOYER: Calculate the per pay period deduction based on employee information.
HEALTH CARE REIMBURSEMENT ACCOUNT

$$\frac{\text{New HCRA annual election}}{\text{YTD contribution}} = \frac{\text{Remaining HCRA annual election to be deducted from paycheck}}{\text{\# Pay periods remaining}} = \$ \text{Paycheck deduction}$$

Effective date the above election change will be in effect _____ (date of paycheck)

EMPLOYER SIGNATURE _____ DATE _____

PLEASE RETURN TO: HR Benefits, 6054 S. Drexel Ave., Chicago, IL 60637