

## SECTION 125 CHANGE OF STATUS FORM

Please return this to your Human Resources for processing within 30 days of the event

Please refer to the attached chart to determine if your election is an allowable event and consistent with the change in status.

Employer		Date of Hire	
Employee's Last Name	First Name	Last Four of SSN#	
Employee's Address	City	State	Zip
Date of Birth	Email address		

If a Change of Status event occurs, only election changes that are consistent with an event that effects eligibility for coverage under an employer plan is permitted. The change in status must be on account and correspond with a change that impacts eligibility (the "Consistency Rule").

### Change in Marital Status

- Change in Marital Status (marriage, death of the spouse, divorce, legal separation or annulment)

### Change in Number of Tax Dependents

- Change in the number of tax dependents including birth, adoption, placement for adoption or death of a dependent

### Changes in Spouse or Dependent's Eligibility under an Employer's Plan

- Change in Dependent's Eligibility Requirements (ceases to satisfy, attainment of age, etc.)
- Judgment, decree or order including the imposition of a Qualified Medical Child Support Order
- Gain or loss of Medicaid or Medicare entitlement
- Gain of coverage through the Marketplace

### Change in Employment Status that changes Eligibility Status

- Change in employment status (termination or commencement of employment by the employee, spouse or dependent)
- Change in Eligibility due to Change in Residency (employee, spouse or dependent)
- Change in work schedule (reduction or increase in hours of employment by the employee, spouse or dependent, switch between part-time and full-time, a strike or lockout, a change in worksite or commencement or return from an unpaid leave of absence)
- Leave of Absence (please indicate option while on leave or when returning from leave)
  - Continue participation, member to make up pre-tax contributions upon return from leave
  - Continue participation, member to continue contributions post tax
  - Stop participation
- Return from Leave (Only applicable if participation stopped at commencement of LOA)

### Change in Cost or Coverage (applicable for health insurance and dependent care assistance account elections only)

- Change in Dependent Care Cost or Provider is replaced by another
- Change in Medical Insurance Plan/Anniversary changes

Please change my election(s) as follows:

### Health Insurance Premiums

Change insurance premiums to \$ \_\_\_\_\_ per pay date

### Health Care Expense Account

Change my annual election for my Healthcare Expense Account from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

My new per pay date election will be \$ \_\_\_\_\_ Effective on pay date: \_\_\_\_\_

### Dependent Care Expense Account

Change my annual election for my Dependent Care Expense Account from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

My new per pay date election will be \$ \_\_\_\_\_ Effective on pay date: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to your employer. Your Employer will send to ASi based on the actual event.

### **IMPORTANT EMPLOYER NOTE:**

Employer - please refer to the Change Table to determine if this is for your records only or if ASi will need a copy for updating the status change in our system. Not all changes are required to be sen to ASi.

**Qualified Status Events and Allowable Election Changes Table**  
**Description of Allowable Changes Under Section 125:**



All election changes must be consistent with, and due to, the qualified status change

Yes = Plan allows election changes consistent with event

No = Plan does not allow any changes

Decrease = Plan only allows election to be decreased

Increase = Plan only allows electing to be increased

Restricted = Special restrictions apply

**BLUE COLUMNS - FOR EMPLOYER ONLY, DO NOT NEED TO SEND TO ASi**

**ORANGE COLUMNS - SEND TO ASi FOR EVENT UPDATES**

**Change Allowed to Pretax Dollars**

<b>CHANGE IN NUMBER OF DEPENDENTS</b> Qualified Status Change Events	<b>Medical Dental Vision</b>	<b>Life AD&amp;D Disability</b>	<b>Health FSA</b>	<b>Dependent Care FSA</b>
Gain Spouse (marriage)	YES	Yes	YES	YES
Lose Spouse (divorce, legal separation, annulment, death of spouse)	YES	YES	YES	YES
Gain Dependent (birth, adoption)	YES	YES	YES	YES
Lose Dependent (death)	DECREASE	YES	DECREASE	DECREASE
Dependent Satisfies Eligibility under Employer's Plan (specified age, becoming single, becoming a student)	INCREASE	YES	INCREASE	INCREASE
Dependent Ceases to Satisfy Eligibility of Employer's Plan (over age, getting married, no longer a student)	DECREASE	YES	DECREASE	DECREASE
Commencement or termination of adoption proceedings	RESTRICTED	RESTRICTED	RESTRICTED	RESTRICTED

**Change Allowed to Pretax Dollars**

<b>CHANGE IN EMPLOYMENT STATUS</b> Qualified Status Change Event	<b>Medical Dental Vision</b>	<b>Life AD&amp;D Disability</b>	<b>Health FSA</b>	<b>Dependent Care FSA</b>
Commencement of Employment by Employee or other change in Employment status (FT to PT) Triggering Eligibility	INCREASE	YES	INCREASE	INCREASE
Commencement of Employment by Spouse or Dependent or Other Event Triggering Eligibility Under Their Employer's Plan	DECREASE	YES	DECREASE	YES
Termination of Employee's Employment or Other Change in Employment (unpaid leave, FT to PT, Resulting in Loss of Eligibility)	RESTRICTED	RESTRICTED	RESTRICTED	RESTRICTED
Termination and Rehire Within 30 Days	RESTRICTED	RESTRICTED	RESTRICTED	RESTRICTED
Termination and Rehire After 30 Days	YES	YES	YES	YES
Termination of Spouse's or Dependent's Employment (or other change in employment resulting in losing eligibility)	INCREASE	YES	INCREASE	YES

**Change Allowed to Pretax Dollars**

<b>LEAVE OF ABSENCE</b> Qualified Status Change Events	<b>Medical Dental Vision</b>	<b>Life AD&amp;D Disability</b>	<b>Health FSA</b>	<b>Dependent Care FSA</b>
Return from Unpaid Leave of Absence Triggering Eligibility	RESTRICTED	RESTRICTED	RESTRICTED	RESTRICTED
Commencement of Unpaid Leave Resulting in Loss of Eligibility	RESTRICTED	RESTRICTED	RESTRICTED	RESTRICTED
Employee's Commencement of FMLA Leave	YES	YES	YES	YES
Employee's Return from FMLA Leave	RESTRICTED	RESTRICTED	RESTRICTED	RESTRICTED

**Change Allowed to Pretax Dollars**

<b>BENEFIT PLAN CHANGES</b> Qualified Status Change Events	<b>Medical Dental Vision</b>	<b>Life AD&amp;D Disability</b>	<b>Health FSA</b>	<b>Dependent Care FSA</b>
Cost Changes without Automatic Increase/Decrease in Elective Contribution	Yes	Yes	No	RESTRICTED
Significant Cost Changes	Yes	Yes	No	RESTRICTED
Significant Coverage Curtailment	Yes	Yes	No	Yes
Addition of New Benefit Package Option or other Coverage Option	Yes	Yes	No	Yes
Addition of Health Savings Account (HSA)	Yes	Yes	RESTRICTED	No
Other Employer's Cafeteria Plan Increases Coverage	DECREASE	DECREASE	No	DECREASE
Other Employer's Cafeteria Plan Decreases or Ceases Coverage	INCREASE	INCREASE	No	INCREASE
Open Enrolment under Cafeteria Plan of Spouse's or Dependent's Employer	RESTRICTED	RESTRICTED	No	RESTRICTED
Loss of Cover under 1. State Children's health program or state health benefits risk pool 2. Medical care program of an Indian Tribal government 3. A foreign government group health plan	INCREASE	No	No	No
Changes in 401K contributions				
Employee, Spouse, or Dependent Enrolled in Employee's Plan Entitled to Medicare or Medicaid	DECREASE	No	Yes	No
Employee/Spouse/Dependent Loses Eligibility for Medicare or Medicaid	INCREASE	No	YES	No

**Change Allowed to Pretax Dollars**

<b>OTHER ALLOWABLE CHANGES</b> Qualified Status Change Events	<b>Medical Dental Vision</b>	<b>Life AD&amp;D Disability</b>	<b>Health FSA</b>	<b>Dependent Care FSA</b>
HIPAA Special Enrollment for Loss of Other Health Coverage	RESTRICTED	No	RESTRICTED	No
HIPAA Special Enrollment of New Dependent due to Birth, Marriage, Adoption or Placement for Adoption	RESTRICTED	No	RESTRICTED	No
COBRA Events	RESTRICTED	No	No	No
Order that Requires Coverage for the Child Under Employee's Plan	INCREASE	No	INCREASE	No
Order that Requires Spouse, Former Spouse or Other individual to provide Coverage for the child	DECREASE	No	DECREASE	No
Move Triggers Eligibility	INCREASE	Yes	No	No
Move Causes Loss of Eligibility (employee or dependent moves outside of Coverage area)	YES	Yes	No	No
Change in Dependent Care Provider	No	No	No	YES
Change in Dependent Care Rates	No	No	No	YES

For questions regarding the information above, please contact ASi as the number listed below.

**ADMINISTRATIVE SOLUTIONS, INC.**  
 P.O. BOX 5809, FRESNO, CA 93755/5260 N Palm Ave Ste 300 FRESNO, CA 93704  
 PHONE: (559) 256-1320 FAX: (559) 475-5786 TOLL FREE (866)-777-1320 EMAIL: [eligibility@asibenefits.com](mailto:eligibility@asibenefits.com)