

Diocese of Owensboro - Qualifying Event Election Change Request Form

Employee Name

Employee Address

Location Name

I hereby request that the following election(s) be changed to reflect the following:

Type of Deduction	Existing Election	New Election/including plan type (\$1000, \$3500 health plan and single, family, etc.)
Medical Insurance (health, dental, RX)		
Vision Account (EyeMed Paramount)		
Dental Account (Paramount)		
Flexible Spending Account (FSA)		
Other (Vol Life, Colonial benefits)		

Date of the event causing reason for requested change in election:

Reason for Requested Change

Change in status of (select status below):

- Marriage
- Divorce or annulment
- Legal separation
- Death of spouse
- Birth
- Commencement or termination of adoption proceedings
- Death of dependent
- Dependent satisfies or ceases to satisfy eligibility requirements.
- Change in employment status that affects eligibility.
- Change in residence

Significant cost increase:

Addition or significant improvement of benefit package:

Change in employment status so that the employee will reasonably be expected to average less than 20 hours of service per week (for employees previously in an employment status reasonably expected to average at least 20 hours of service per week):

FMLA leave:

COBRA event:

Judgment, decree or court order (for example, qualified medical child support order):

Medicare or Medicaid entitlement:

Employee is eligible for a Special Enrollment Period to enroll in a Qualified Health Plan through a Marketplace or seeks to enroll in a Qualified Health Plan through a Marketplace during the Marketplace's annual open enrollment period:

Please provide any additional details and appropriate documents that you feel will help the Section 125 plan administrator review your request for a change in election.

--

I certify the information to be true and correct to the best of my knowledge. I understand that the Section 125 plan administrator will review my request for a change in election in accordance with the laws governing Section 125 plans and the plan documents. This form must be completed within 30 days of the qualifying event.

Employee Signature

Date

--	--

Section 125 plan administrator use only:

<input type="checkbox"/> Approved—Effective date:	<input type="checkbox"/> Denied—Reason:
---	---