



Section 125 Cafeteria Plan
Change in Family Status Election Form

FSA Administrator
10515 Saddlehorn Trail | Houston, TX 77064
Phone: 281-890-3042 | Fax: 281-970-2440

Participant

Address

S.S.N.

Plan Year

Instructions: Use this form to change elections previously made, but only in the event of a change in family status.

Effective , I hereby request a change in my benefit election(s) as follows:

Eligible Expenses

Table with 3 columns: Expense Type, From, to. Rows include Medical Insurance, Dental Insurance, Short Term Disability, Long Term Disability, Medical Care Reimbursement, Dental Care Reimbursement, and Dependent Care Reimbursement.

I understand that the change in my benefit election must be necessitated by and consistent with the change in family status and that the change must be acceptable under the Regulations issued by the Department of Treasury.

I certify that I have incurred the following change in family status:

- Marriage
Divorce
Birth or adoption of a child
Death of my spouse and/or dependent
Termination or commencement of employment by spouse
Other (briefly explain change in family status)

Employee's Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Accepted and agreed to by \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(Administrator)