



Change of Election

FSA, LPFSA, Dependent Day Care - Change requires qualifying event.

This form is for internal use only. Retain for your records. Employers: Login to your account on-line at www.tasconline.com to make changes to an employee's account using the Payroll Verification Report (PVR). Click on the participant's Account link and then select the Contributions tab to make the change. Detailed instructions are provided in the Administration Manual.

A change of election must be (1) on account of and correspond to one of the qualifying events below and (2) made within 30 days of the qualifying event.

Employer Name _____

Participant Name _____ Participant ID # _____

Effective date of change _____ First payroll affected by change _____

Type Of Change

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

Benefit	Maximum Election Amount	Current Payroll Deduction Amount	New Payroll Deduction Amount	Revised Annual Election*
Health Care FSA	\$2550/year	\$	\$	\$
Limited Purpose Health Care FSA	\$2550/year	\$	\$	\$
Dependent Day Care	\$5000/year	\$	\$	\$

*Required to be entered. The revised annual amount is determined by adding your year-to-date deductions taken at the old rate to your deductions to be taken for the remaining pay periods in the Plan Year.

Reason For Change (Qualifying Events)

- Change in Legal Marital Status
- Change in Number of Dependents
- Change in Employment Status
- Dependent Satisfies or Ceases to Satisfy Eligibility Requirements
- Change in Residence*
- Change in the Cost of Coverage*
- HIPAA Special Enrollment Rights
- Judgement, Decree or Order
- FMLA
- COBRA
- Significant Curtailment of Coverage*
- Addition or Elimination of Benefit Package*
- Entitlement to Medicare or Medicaid
- Change in Coverage of Spouse or Dependent Under Other Employer's Plan*
- Loss of group health coverage sponsored by governmental or educational institutions*

*The Medical Out-of-Pocket FSA can **not** be changed due to one of these six events.

Pre-Tax Post-Tax

Participant Signature _____ Date _____

Employer Signature _____ Date _____

Participants: Submit this form to your employer and retain a copy for your records. Employers: Retain this form for your records and enter the change(s) above in the participant's account at www.tasconline.com or your payroll system (for EDI Payroll Centers) prior to the first affected payroll.

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The information in this communication is confidential and may be used by the authorized recipient only for its intended purpose only.

Any other use or disclosure is prohibited.

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