



First
Concord
Benefits
Group

67220
NE 68506

02-423-4454
423-4549

Change in Family Status Form

Fill out only to request a Change in Participation during the year.

Employer: _____

Full Name: _____

Social Security Number: _____

***Check the appropriate box** to indicate a Change in Family Status. One or more of the events listed below qualifies you to change your participation amounts in the Flexible Spending Account during the Plan Year. Changes cannot be retroactive and must be consistent with the events indicated.

- **Change in Marital Status**..... Marriage
 Divorce
 Legal Separation

- **Change in Dependent Status**..... Birth
 Adoption
 Death
 Loss of Dependent

- **Change in Work Status**

	You	Your Spouse
Termination of Employment	<input type="checkbox"/>	<input type="checkbox"/>
Commencement of Employment	<input type="checkbox"/>	<input type="checkbox"/>
Part-time to Full-time	<input type="checkbox"/>	<input type="checkbox"/>
Full-time to Part-time	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

• **Other Change in Family Status** (Explain in detail.)

- Documentation verifying all changes listed above may be required. -

* Fill out a New 125 Election Form to indicate the change(s) you wish to make in your Total Annual Elected Amounts or in your participation. Changes you may make include, but are not limited to, increasing or decreasing the deduction amounts for medical/dental/vision and/or dependent care accounts, or withdrawing from participation.

I understand that I may be required to provide the appropriate documentation for any of the changes in family status that I have checked above. The family status and participation changes will be reviewed.

I HEREBY ELECT THE PARTICIPATION CHANGE(S) NOTED ON THE 125 ENROLLMENT FORM ATTACHED AND ATTEST THAT THE CHANGE IS CAUSED BY AND CONSISTENT WITH THE CHANGE IN FAMILY STATUS.

Employee: _____

Date: _____