

Mail To: Administrative Services, Inc.  
P. O. Box 590  
Rochester, IL 62563

E-mail To: cafe@asi-tpa.com  
Fax To: 217-498-8481

Company Name: \_\_\_\_\_

EMPLOYEE BENEFIT PLAN

CHANGE IN FAMILY STATUS ELECTION FORM

Employee Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

Employee ID#: (first 4 last name - last 4 SS#) \_\_\_\_ \_

Employee Number: \_\_\_\_\_ Plan Year: \_\_\_\_\_ through \_\_\_\_\_

As a participant in the Cafeteria plan, I am entitled to revoke my prior benefit election and enter into a new election in the event of certain changes in family status.

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 my spouse
- \_\_\_\_\_ Switching from part-time to full-time (or vice-versa) employment on the part of me or my spouse
- \_\_\_\_\_ My spouse or I have taken an unpaid leave of absence
- \_\_\_\_\_ One of your dependents satisfies or ceases to satisfy the requirements for coverage due to change in age, student status, or any similar circumstance
- \_\_\_\_\_ A change in the place of residence or worksite of you, your spouse or dependent
- \_\_\_\_\_ Other (briefly explain change in family status in the space provided below)

Please state the changes you would like to make to your cafeteria plan below

\_\_\_\_\_  
\_\_\_\_\_

Date of event \_\_\_\_\_. Changes must be made within 30 days of event.

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

\_\_\_\_\_  
Date

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

Administrator

By: \_\_\_\_\_ Dated: \_\_\_\_\_