



**CHANGE IN STATUS FORM**

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

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

Employee Social Security Number: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Campus Name: \_\_\_\_\_

**Date of Qualifying Event:** \_\_\_\_\_

Plan Year: \_\_\_\_\_ through \_\_\_\_\_

As a participant in the *Choices: The Montana University System's Flexible Benefit Program*, I am entitled to revoke my prior benefit election and enter into a new election in the event of certain changes in status.

Two requirements must be met to allow a participant to make a mid-year election change. There must *first* be a qualifying change in status event and *second*, the requested change in election must be *consistent* with the event.

**Example(s):** The events of marriage, birth, and adoption would allow an increase in a participant's medical care reimbursement and health insurance premium elections. Decreased elections for the same accounts would be allowed in the events of divorce, annulment, legal separation, or death of dependent. In these examples, the increase or decrease is *consistent* with the event (the change in number of dependents).

**I certify that I have incurred the following change in status event:**

\_\_\_\_\_ Marriage

\_\_\_\_\_ Divorce, Legal Separation or Annulment

\_\_\_\_\_ Birth, adoption or placement for adoption of a child

\_\_\_\_\_ Death of my spouse and/or dependent

\_\_\_\_\_ *Termination* or *commencement* of employment by my spouse or dependent (*circle event*)

\_\_\_\_\_ Switching from *part-time to full-time* or *full-time to part-time* employment on the part of me, my spouse or dependent or reduction or increase in hours, strike or lockout (*circle event*)

\_\_\_\_\_ I, my spouse or dependent have taken an unpaid leave of absence

\_\_\_\_\_ A change in the residence or work site of myself, my spouse or dependent

\_\_\_\_\_ My dependent *satisfies* or *ceases to satisfy* the requirements for coverage (*circle event*)

\_\_\_\_\_ I, my spouse or dependent have lost group health coverage sponsored by my spouse's employer

\_\_\_\_\_ Other (*Identify*): \_\_\_\_\_

Explain your change in status event in the space provided below (*Required*): \_\_\_\_\_

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

I understand that the change in my benefit election must be acceptable under the Regulations issued by the Department of Treasury and that my completion of this form does not guarantee the approval of my request.

Participants must submit change in status and new election forms within **63 days** of the qualifying event. **The effective date of the election change will be the date the participant signs the form.** This date may not be prior to the date of the qualifying event. Only expenses incurred on or after the date the participant signs the form may be paid with an increased election amount.

If there is any question regarding an election change, contact your Human Resource or Payroll department or FlexConnect at 866-640-3539.

**PLEASE SIGN AND RETURN, ALONG WITH A NEW ELECTION FORM, TO THE MONTANA UNIVERSITY SYSTEM CAMPUS PAYROLL DEPARTMENT.**

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

\_\_\_\_\_  
Date

Accepted and Agreed to by:

**MONTANA UNIVERSITY SYSTEM**

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

Date \_\_\_\_\_

Received and Approved by:

**FLEXCONNECT**

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

Date \_\_\_\_\_