Change of Election Form

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. These events are *not* required for changes to the Transit or Parking Flexible Spending Account and Health Savings Accounts.

Plan Participant: Complete the form below, sign, and submit to your Payroll/Benefits Office. Retain a copy for your records.

Client/Employer: Make changes to an employee's account in your HRIS/Payroll System and submit changes to TASC via eligibility file. If you do not submit eligibility files to TASC, please submit completed forms to stateofwi@tasconline.com. Detailed instructions are provided in the TASC Administration Manual.

This form is for your internal use only. Retain for your records.

Participant Name:	

Employer: University of WI-

Employee ID:		Effective date of change:		First payroll date affected by change:	

Type of Change

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

	Current Payroll Deduction Amount	New Payroll Deduction Amount	**Revised Annual Election***
Healthcare Flex Spending Account	$	$	$
Dependent Day Care Flex Spending Account	$	$	$
Limited Purpose Healthcare Flex Spending Account	$	$	$
Transit Flex Spending Account	$	$	$
Parking Flex Spending Account	$	$	$
Health Savings Account (HSA)	$	$	$

***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
- ○ Dependent Satisfies or Ceases to Satisfy Eligibility Requirements
- ○ Change in Employment Status
- ○ Change in Residence*
- ○ Change in the Cost of Coverage*
- ○ HIPAA Special Enrollment Rights*
- ○ Significant Curtailment of Coverage*
- ○ Addition/Elimination of Benefit Package*
- ○ Judgement, Decree or Order
- ○ Entitlement to Medicare/Medicaid
- ○ COBRA
- ○ FMLA
- ○ Change in Coverage of Spouse or Dependent Under Other Employer's Plan*
- ○ Loss of group health coverage sponsored by governmental or educational institutions*
- ○ Exchange Event: reduction in hours (less than 30)*
- ○ Exchange Event: Exchange enrollment during Exchange open or special enrollment period*
- ○ Rescind my enrollment application prior to the start of the Plan Year**

**The Medical Out-of-Pocket FSA cannot be changed due to one of these nine events.*

***The ability to rescind an application can only occur if the Request to Change form is received prior to the start of the Plan Year. You cannot make mid-year changes, including canceling your account, unless you experience a qualifying event.*

Participant Signature _____ Date _____

Client/Employer Signature _____ Date _____