

Section 125 Contribution Change Request Form due to a Qualified Life Event (QLE)

Employee Name

Employee Social Security Number

Employee Address

Division Name within the City of Turlock

I hereby request that the following election(s) be changed to reflect the following:

Type of Deduction	Existing Election (monthly)	New Election (monthly)
Medical Flexible Spending Account (M-FSA)	\$	\$
Dependent Care Spending Account (DCA)	\$	\$
Other	\$	\$

Date of the event causing reason for requested change in election:

Reason for Requested Change

Change in status of (select status below):

- Marriage
- Divorce or annulment, including legal separation
- Death of spouse or dependent
- Birth or adoption of a child
- Change to dependent daycare (i.e. child aging out, new daycare facility, facility closure, etc.).
- Dependent satisfies or ceases to satisfy eligibility requirements
- Change in employment status that affects eligibility
- Change in residence that affects eligibility (i.e. a move that would affect/change eligibility)

Significant cost increase:

Significant curtailment of coverage:

Addition or significant improvement of benefit package:

Change in employment status so that the employee will reasonably be expected to average less than 30 hours of service per week (for employees previously in an employment status reasonably expected to average at least 30 hours of service per week):

Change in coverage under another employer's plan (i.e. through your spouse/domestic partner):

Family Medical Leave Act or EFMLA leave:

COBRA event:

Judgment, decree or court order (for example, qualified medical child support order):

Medicare or Medicaid entitlement:

Employee is eligible for a Special Enrollment Period to enroll in a Qualified Health Plan through a Marketplace or seeks to enroll in a Qualified Health Plan through a Marketplace during the Marketplace's annual open enrollment period:

Please provide any additional details that you feel will help UMR, our Section 125 plan administrator, review your request for a change in election.

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I certify the information to be true and correct to the best of my knowledge. I understand that UMR, as the City of Turlock Section 125 plan administrator, will review my request for a change in election in accordance with the IRS laws governing Section 125 plans and the plan documents.

Note the following timelines when requesting a change. The City of Turlock currently has the 5th and 20th of the month as established pay dates. Any contribution changes will need to be received by the following dates in order to process through payroll timely:

- **20th payroll date:** form must be complete and received by Payroll by the 10th of the month.
- **5th payroll date:** form must be complete and received by Payroll by the 25th of the prior month.

Employee Signature

Date

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Section 125 plan administrator use only:

<input type="checkbox"/> Approved—Effective date:	<input type="checkbox"/> Denied—Reason:
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