

**MOTT COMMUNITY COLLEGE
HEALTHCARE AND DEPENDENT CARE
EXPENSE REIMBURSEMENT PLAN
CHANGE OF ELECTION FORM**

Name _____ Last Four Digits of SS#: _____

I understand that federal regulations prohibit me from changing the election that I have made after the beginning of the Plan Year, except because of a change in family circumstances. I also understand that my employer may request documentation or verification of this change. I hereby certify that I have incurred the following change in family status:

- Marriage
- Divorce
- Birth or adoption of a child
- Placement of a child in adoption
- Death of a spouse or dependent
- A significant increase/decrease in daycare expenses
- Change of my spouse's employment status from full to part time or vice versa or loss of employment
- Change of my employment status from full to part time or vice versa or loss of employment
- Court judgment, decree, or order (e.g. a QDRO)
- Other: _____

Date event occurred _____ (This form must be completed within 30 days of the qualifying event.)

New Coverage Level:

\$ _____ New (annual) amount of Healthcare reimbursement contribution.

\$ _____ New (annual) amount of Dependent Care reimbursement contribution.

- No change in contribution amounts

Relationship	Last Name	First Name	MI	SSN	DOB	Add/Delete	Issue Card Y/N
Spouse							
Child							
Child							

If you are adding dollars to either account, the amount will be prorated among your remaining pay periods. If you are increasing an already existing contribution, the new amount will be reduced by the amount already deducted from your paycheck. Remember, if you change your coverage level to \$0, while no further reductions will be made, you will only be reimbursed for eligible expenses incurred prior to the date your coverage ends.

I hereby certify that the information furnished in this form is true and complete to the best of my knowledge. I understand that these new benefit elections will remain in effect through the last day of the Plan Year, unless I become eligible for another change in election.

Employee's signature: _____ Date: _____

Accepted and agreed to by: _____ Date: _____