

Mid Year Change of Status/Election Form

<i>Employer</i>	<i>Social Security Number</i> / /	
<i>Employee's Name (Last, First MI)</i>	<i>Employee Email Address</i>	
<i>Employee Address</i>	<i>Employee Phone</i>	
<i>Employee City</i>	<i>State</i>	<i>Zip Code</i>

Does the above information reflect recent changes to your personal information?

- Yes
 No

In order for any modifications to be made to your current benefit elections three conditions must met:

- 1) There must be a qualifying change in status event,
- 2) The requested change in election must be consistent with the event, and
- 3) Requests must be received within 60 days of the qualifying event.

All changes must first be approved by your employer.

Please Identify your Qualifying Event

- Birth or adoption
- Marriage
- Divorce, legal separation or annulment
- Judgment, decree or court order
- Spouse or dependent loses other coverage
- Spouse or dependent gains other coverage
- Death
- Dependent loses eligibility
- Dependent gains eligibility
- Other (Please explain below)

Explanation _____

Date of Qualifying Event _____

Please make the following benefit changes:

Benefit <i>(Please Specify)</i> <i>(Medical FSA, DCAP, Individual Owned FSA, or Mass Transit)</i>	Change	Effective Date of Change	What is the Current Annual Election?	What is the "New" Annual Election?	What is the first payroll date for change?	Amount of the first payroll date following change?
<i>Example:</i> Medical FSA	<input type="checkbox"/> Add New Benefit <input type="checkbox"/> Decrease Election <input checked="" type="checkbox"/> Increase Election	5/1/2011	\$2000 <i>(This is the total annual election amount.)</i>	\$2500 <i>(This is the current election of \$2000 plus the \$500 additional money to increase the account)</i>	5/5/2011	\$156.25
<input type="checkbox"/> Medical FSA <input type="checkbox"/> DCAP <input type="checkbox"/> Ind. Owned FSA <input type="checkbox"/> Mass Transit <input type="checkbox"/> Parking Plan	<input type="checkbox"/> Add New Benefit <input type="checkbox"/> Decrease Election <input type="checkbox"/> Increase Election					
<input type="checkbox"/> Medical FSA <input type="checkbox"/> DCAP <input type="checkbox"/> Ind. Owned FSA <input type="checkbox"/> Mass Transit <input type="checkbox"/> Parking Plan	<input type="checkbox"/> Add New Benefit <input type="checkbox"/> Decrease Election <input type="checkbox"/> Increase Election					

IMPORTANT: Your account balance will be updated according to the effective date noted above. If you have claims with a date of service before the above effective date, your original election amount will be used.

Please return this form to the Peak1 Benefits Team at 855-495-3669 or email benefits@mypeak1.com.

Certification

I certify that the qualifying event stated above has occurred on the specified dates. Further, I understand that I may be required to provide the appropriate documentation for any of the changes requested above. I attest that these modifications are made on account of and correspond with the change in status event. In addition, I am aware that the completion of this form does not finalize my election change and that my employer must approve all change requests before they can be made effective.

Employee Signature: X _____ Date: _____

Employer Authorization

I have reviewed this employee request for a mid year election change and find that the requested modifications are being made on account of and correspond with the change in status event. I authorize Peak1 Administration to make these modifications to the employee's elections on the requested effective date.

Employer Signature: X _____ Date: _____

Printed Name: _____ Title: _____