Cafeteria Plan Change of Status Form

NATIONAL BENEFIT SERVICES, LLC
Customer Care • Knowledge and Expertise • Organizational Excellence

(Please return to your Human Resource department)

Personal Information

Company Name

First Name | Last Name | Social Security Number (___-___-____)

Street Address | Current Date (__-__-____)

City | State | Zip Code | Date of Event/Termination (__-__-____)

Qualifying Event

☐ **Change of Status**
i.e. Marriage, Divorce, Death, Legal Separation, Birth, Adoption, No Longer Dependent Employment Change, Spousal Employment Change, etc.

List all Dependents (including Spouse):

Full Name	Date of Birth	Relationship	Reason for Change Of Status

☐ **Change Cost or Provider** - Dependent Care
i.e. Change of Day Care Provider, Cost Increases or Decreases

☐ **Termination of Employment**

Change of Benefit

The payday that the new deduction begins: _____

	Prior Annual Election Amount	New Annual Election Amount	Frequency of Withholding (weekly, semi-monthly, etc.)
Health Care Expense			
Day Care Expense			

If Termination of Employment

Date of last payroll reduction: _____

Required Signatures

Employee Signature | Date

Company Representative Signature | Date

X

National Benefit Services, LLC
P.O. Box 6980, West Jordan, UT 84084 PH (888)353-9125 Toll Free Fax (800) 478-1528

Please return to your Human Resource Department!