



VitaFlex Dependent Care Reimbursement Plan Status Change/Mid-Year Exception Election Change

Employee Data

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| Employer Name | |
| Employee Name | |
| Social Security Number or ID Number | |

Type of Mid-Year Exception

Participants of the Dependent Care Reimbursement Plan are entitled to revoke or change benefit elections only under specified circumstances. Elections must be necessitated by and consistent with the Mid-Year Exception and must be acceptable under the regulations. Please identify the type of Mid-Year Exception that has occurred.

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| <input type="checkbox"/> Marriage/Divorce <input type="checkbox"/> Birth or Adoption of Child <input type="checkbox"/> Death of Spouse or Dependent <input type="checkbox"/> Change in Spouse's Employment (Termination or Commencement) <input type="checkbox"/> Change of Employment Status for Employee or Spouse (Full-time to part-time or vice versa)* | <input type="checkbox"/> Increase or Decrease in the Dependent Care Provider's Monthly Fees (when the provider is not a relative of the employee) <input type="checkbox"/> Change in Dependent Care Provider <input type="checkbox"/> Decrease in Necessary Hours of Dependent Care Due to Enrollment in School <input type="checkbox"/> Dependent Ceases to be a Qualified Individual Due to Attaining Age 13 <i>* This change must trigger a change in benefit eligibility.</i> |
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Date of Mid-Year Exception

Request for Change of Election must be made within 30 days of the date of Family Status change. Please identify the exact date of the Mid-Year Exception.

Date of Mid-Year Exception: _____

Statement of Consistency

IRS guidelines outline that an election change must be consistent with the Status Change/Mid-Year Exception. Please describe why the election change is necessary or appropriate given your Status Change/Mid-Year Exception.

Describe Reason for Change: _____

New Dependent Care Account Election

Identify your new Plan Year Election below. The election should reflect the new election for the entire Plan Year (including prior salary reductions). This election is not a separate election for the period after the Mid-Year Exception. Please note that you will have 30 days from the date of the Mid-Year Exception to make an election. Your election will be effective on the latter of the date that you are eligible to make this election (date of Mid-Year Exception) or the date that you sign this Mid-Year Exception form. The new per paycheck salary reduction amount will be calculated by taking the new Plan Year election amount, subtracting prior plan year contributions, and dividing by the number of remaining pay periods in the Plan Year. Your Employer or VitaFlex will calculate this amount.

New Election for Plan Year: _____ (Employee)

First Paycheck In Which Reduction Will Be Taken: _____ (Employer)

Verification

I understand that my election is made for the entire Plan Year and that it is not revocable, except under certain circumstances specified by the law. I certify that the above qualified Mid-Year Exception has occurred on the date specified. Further I am requesting a change in my plan election that is consistent with the Mid-Year Exception indicated above. This request is subject to approval by the Plan Administrator.

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Date Employee Signature

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Date Approved By (Plan Administrator Signature)