



VitaFlex Medical Reimbursement Plan Status Change/Mid-Year Exception Election Change

Employee Data

Employer Name	
Employee Name	
Social Security Number	

Type of Mid-Year Exception

Participants of the VitaFlex Medical 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 incurred.

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| <input type="checkbox"/> Marital Status Change
<input type="checkbox"/> Number of Tax Dependents Change (birth /adoption of a child or death of a dependent)
<input type="checkbox"/> Termination/Commencement of Employment (for employee, spouse or dependents)*
<input type="checkbox"/> Entitlement to Medicare or Medicaid | <input type="checkbox"/> Work Schedule Change (full-time to part-time or vice versa)*
<input type="checkbox"/> Dependent Eligibility Change (either satisfying or ceasing to satisfy eligibility requirements)*
<input type="checkbox"/> Judgment, Decree or Court Order
<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 Mid-Year Exception. 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 Mid-Year Exception. Please describe why the election change is necessary or appropriate given your Mid-Year Exception.

Describe Reason for Change: _____

New Medical 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.

New Election for Plan Year: _____ (Employee)

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

Verification

I understand that my VitaFlex Plan election is made for the entire Plan Year and that it is irrevocable, 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.

Date	Employee Signature
Date	Approved By (Plan Administrator Signature)