

- B. Certain Judgments, Decrees, and Orders** (applies to Health FSA Benefits only; may seek to enroll or increase HCAP election if order requires coverage under your health plan; decrease or cancel if order requires former spouse or other individual to provide health coverage, and that individual does so). Judgment, decree, or order resulting from divorce, legal separation, annulment, or change in custody requiring coverage for Dependent.
- C. Medicare or Medicaid Entitlement or loss of Entitlement** (applies to HCAP only; may seek to enroll, increase, cancel, or reduce coverage)

	You	Your Spouse or Dependent
Became eligible for Medicare or Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
Lost eligibility for Medicare or Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
- D. Change in Cost** (applies to Dependent Care FSA Benefits only - provider of care cannot be a relative of employee)
 - Significant cost increase
 - Significant cost decrease
- E. Change in Coverage** (applies to Dependent Care FSA Benefits only)
 - Changed dependent care providers or the number of hours of care received.
 - Spouse's open enrollment for DCAP occurs at a different time of year and he/she changed coverage amount.

.....**Part III**.....

3. CONSISTENCY OF CHANGE IN ELECTION EVENT WITH MY REQUESTED ELECTION CHANGE

Generally a change can only be made if the status change results in the employee, spouse, or dependent gaining or losing eligibility and the election change corresponds with the effect on eligibility. Please refer to your communications materials for additional detail on this consistency requirement. *Explain below how the election change(s) that you checked in Part I is/are consistent with the change in election event(s) that you checked in Part II.* You must explain why your requested change is necessary or appropriate as a result of the event you checked in Part II. (e.g.: I'm taking a leave of absence therefore the number of hours of childcare are fewer than expected.) The Administrator of the Plan has final discretion to determine whether the consistency requirement has been satisfied.

.....**Part IV**.....

I understand that I may be required to provide the appropriate documentation for any of the changes that I have checked above. The status and participation changes must be made within 31 days of the event and must comply with the Plan. The Administrator has sole discretion to make this determination. I may appeal the decision in writing within 15 calendar days if my change in participation is denied.

I understand that a change in biweekly contribution creates a new period of coverage under the HCAP plan. Eligible expenses incurred in each separate period of coverage may be reimbursed up to the coverage amount for that period, but in no event shall the combined total reimbursement exceed the annual maximum allowed in the Plan.

If approved, I hereby elect the change(s) noted and attest that the change is made on account of and is consistent with the change in election event.

Employee's Signature	Date
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Auditor's use only:
 Accepted and agreed to **Denied**

Administrator's Signature	Date
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Denied for the following reason:

Original: Auditor-Controller, Payroll Change made to employee's payroll deduction **starting on pay date:** _____
Photo copy returned to employee as confirmation