

# Change of Election

**This form is for your internal use only. Retain for your records.** Login to your account on-line at [www.tasconline.com](http://www.tasconline.com) to make changes to an employee's account using the Payroll Verification Report (PVR). Click on the participant's Account link and then select the Contributions tab to make the change. Detailed instructions are provided in the Administration Manual.

A change of election must be (1) on account of and correspond to one of the qualifying events below and (2) made within 30 days of the qualifying event. These events are not required for changes to the Transit or Parking Benefits.

Participant Name \_\_\_\_\_ Participant ID \_\_\_\_\_

Effective date of change \_\_\_\_\_ Requested First payroll affected by change\* \_\_\_\_\_  
*\*When your change has been processed, you will be notified which payday it will be effective.*

### Type of Change

I hereby request a change in my benefit election(s) as follows:

	Current Payroll Deduction Amount	New Payroll Deduction Amount	Revised Annual Election*
Medical Out-of-Pocket	\$ _____	\$ _____	\$ _____
Non-Employer Sponsored Insurance Premium	\$ _____	\$ _____	\$ _____
Dependent Day Care	\$ _____	\$ _____	\$ _____
Employer Group Insurance Premium	\$ _____	\$ _____	\$ _____
Transit Benefit	\$ _____	\$ _____	\$ _____
Parking Benefit	\$ _____	\$ _____	\$ _____

**\*Required to be entered.** The revised annual amount is determined by adding your year-to-date deductions taken at the old rate to your deductions to be taken for the remaining pay periods in the Plan Year.

### Reason for Change (Qualifying Events)

- Change in Legal Marital Status
- Change in Number of Dependents
- Change in Employment Status
- Dependent Satisfies or Ceases to Satisfy Eligibility Requirements
- Change in Residence\*
- COBRA
- FMLA
- Change in the Cost of Coverage\*
- HIPAA Special Enrollment Rights\*
- Judgement, Decree or Order
- Significant Curtailment of Coverage\*
- Addition/Elimination of Benefit Package\*
- Entitlement to Medicare or Medicaid
- Change in Coverage of Spouse or Dependent Under Other Employer's Plan\*
- Loss of group health coverage sponsored by governmental or educational institutions\*
- Exchange Event: reduction in hours (less than 30)\*
- Exchange Event: Exchange enrollment during Exchange open or special enrollment period\*
- Changes in Coverage due to Covid-19

*No changes will be processed without required documentation accompanying this form.*

\* The Medical Out-of-Pocket FSA can not be changed due to one of these nine events.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

**Participants:** Submit this form to your employer and retain a copy for your records. **Employers:** Retain this form for your records and enter the change(s) above in the participant's account at [www.tasconline.com](http://www.tasconline.com) prior to the first affected payroll.