

# 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.

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

Effective date of change \_\_\_\_\_ First payroll affected by change \_\_\_\_\_

## Type Of Change

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

Benefit	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	\$ _____	\$ _____	\$ _____
Transportation 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)

The qualifying events below are not required for changes to the Transportation Benefit.

- |   |  |  |
|---|--|--|
| <input type="radio"/> Change in Legal Marital Status                                    | <input type="radio"/> Change in the Cost of Coverage*      | <input type="radio"/> Addition or Elimination of Benefit Package*  |
| <input type="radio"/> Change in Number of Dependents                                    | <input type="radio"/> HIPAA Special Enrollment Rights      | <input type="radio"/> Entitlement to Medicare or Medicaid  |
| <input type="radio"/> Change in Employment Status                                       | <input type="radio"/> Judgement, Decree or Order           | <input type="radio"/> Change in Coverage of Spouse or Dependent Under Other Employer's Plan*               |
| <input type="radio"/> Dependent Satisfies or Ceases to Satisfy Eligibility Requirements | <input type="radio"/> FMLA                                 | <input type="radio"/> Loss of group health coverage sponsored by governmental or educational institutions* |
| <input type="radio"/> Change in Residence*  | <input type="radio"/> COBRA                                |  |
|   | <input type="radio"/> Significant Curtailment of Coverage* |  |

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