NESP/NEFSA Plan Election Change Form

AgriPlan NOW BizPlan NOW

This form is for your internal use only. Retain for your records. 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.

Client MyTASC ID #: _____

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 Event)

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

- ❍ Change in legal marital status
- ❍ Change in number of dependents
- ❍ Change in employment status
- ❍ Dependent satisfies or ceases to satisfy eligibilty requirements
- ❍ Change in residence#
- ❍ Change in cost of coverage#
- ❍ HIPPA special enrollment rights
- ❍ Judgement, degree or order
- ❍ FMLA
- ❍ Significant curtailment of coverage#
- ❍ Addition or 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#

The Medical Out-of-Pocket FSA CANNOT 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 make the change(s) above to your employee's payroll deductions.

TASC • 2302 International Lane • Madison, WI 53704-3140 • 1-800-422.4661 • Fax: 608-245-3623 AB-5065-042414