

**PREMIUM CONVERSION
CHANGE IN FAMILY STATUS**

As a participant in the Premium Conversion Plan, I understand that I am entitled to revoke my prior benefit election and enter into a new election in the event of certain changes in family status.

I understand that the new election must be necessitated by and consistent with the change in family status and the change must be acceptable under the Regulations issued by the Department of Treasury.

I certify that I have incurred the following change in family status within 30-days prior to signing this election:

- _____ Birth or adoption of a child.
- _____ Death of my spouse and/or dependent.
- _____ Termination or commencement of employment by my spouse.
- _____ Changing from part-time to full-time (or vice-versa) employment by my spouse or me.
- _____ Significant change in my family's health coverage attributable to my spouse's employment.
- _____ Other (briefly explain):

Please provide supporting documentation such as Marriage Certificate, Divorce Decree, Birth/Death Certificate, Proof of Other Insurance Coverage, etc.

I understand that the requested change in the Premium Conversion Election will not be effective in the current Plan Year unless it is made because of a change in family status. I further understand that the change will be effective at the beginning of the first pay period following completion of this form.

Employee: _____ SS#: _____

Date: _____