

# **Kabel Business Services**

1454 30<sup>th</sup> Street, Suite 202 - West Des Moines, IA 50266

Phone 515 224-9400 / 1 800 300-9691

Fax 515 224-9256

For Flex info visit us at: [www.kabelbiz.com](http://www.kabelbiz.com)

## **CHANGE OF ELECTION(S)**

Please complete this form when a change in status has occurred which affects your Flex Plan election. The change must be in relation to the circumstance causing the change, and this signed notification must be submitted within 30 days of the change in status event.

Employer \_\_\_\_\_ Employee \_\_\_\_\_

Social Security Number \_\_\_\_\_ Effective Date of Change \_\_\_\_\_

Please change my election(s) as follows:

### **Medical Expense Account**

Please change my annual election for my Medical Expense Account from \$\_\_\_\_\_ to \$\_\_\_\_\_. My new per pay period election will be \$\_\_\_\_\_, effective with the \_\_\_\_\_ payroll.

### **Dependent Care Expense Account**

Please change my annual election for my Dependent Care Expense Account from \$\_\_\_\_\_ to \$\_\_\_\_\_. My new per pay period election will be \$\_\_\_\_\_, effective with the \_\_\_\_\_ payroll.

### **Insurance Premium Reimbursement Account**

Please change my annual election for my Insurance Premium Reimbursement Account from \$\_\_\_\_\_ to \$\_\_\_\_\_. My new per pay period election will be \$\_\_\_\_\_, effective with the \_\_\_\_\_ payroll.

### **The changes requested above are due to the following:**

- Marriage       Divorce       Legal Separation       Annulment  
 Change in number of legal tax dependents  
 Termination of or commencement of employment by the employee, spouse, or dependent  
 Change in work site of employee, spouse, or dependent  
 Other (Eligible Reason) \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_