



CHANGE OF ELECTION FORM QUALIFYING EVENT - City of Madison

Employer Instructions: This form is for your internal use only. Retain for your records. Enter the change(s) below in the participant's account at www.tasconline.com prior to the first affected payroll. To make the change, log into your online account, select Verify Posting from the Benefit Plans link and edit the participant's future posting amounts. Detailed instructions are provided in the Client Administration Manual.

Participant Instructions: Complete and submit this form to your employer. Retain a copy for your records.

EMPLOYER INFORMATION

Employer Name:	City of Madison
Employer TASC ID:	4422-0923-3494

PARTICIPANT INFORMATION

First Name:		MI:		Last Name:		
TASC ID (required):		Email Address:				
Primary Phone:		Mobile Phone:				
Primary Address: <i>(cannot be PO Box)</i>	Address 1:				Apt:	
	Address 2:					
	City:					
	State:		ZIP Code:		+4:	

REASON FOR CHANGE – QUALIFYING EVENT

All changes of election require the change request to be:

- 1) On account of and correspond to one of the qualifying events below, **and**
- 2) Made within 30 days of the qualifying event.

- Change in Legal Marital Status
- Change in Number of Dependents
- Change in Employment Status
- Dependent Satisfies or Ceases to Satisfy Eligibility Requirements
- COBRA
- FMLA
- Judgement, Decree or Order
- Entitlement to Medicare or Medicaid



CHANGE OF ELECTION FORM

QUALIFYING EVENT - City of Madison

EFFECTIVE DATE/ACCOUNT/AMOUNT OF CHANGE

Effective date of change:		First payroll affected by change:		
I hereby request a change in my benefit election(s) as follows: Find all IRS limits on our resource web page: www.tasconline.com/benefits-limits		Current Payroll Deduction Amount	New Payroll Deduction Amount	Revised Annual Election*
<input type="checkbox"/>	Healthcare FSA	\$ _____	\$ _____	\$ _____
<input type="checkbox"/>	Dependent Care FSA (Daycare Expenses)	\$ _____	\$ _____	\$ _____
<i>*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.</i>				

AUTHORIZATION

Participant Signature

Date

Participant Printed Name

Client Signature

Date

Client Printed Name