SECTION 125 FLEXIBLE BENEFIT PLAN
CHANGE OF STATUS FORM

Employer		Plan #:	
Employee's Last Name First Name		Employee's SS#	
Employee's Address (Street)	City	State	Zip

CHANGE CODES (Check Reasons and Complete Following Sections)

_____CHANGE OF ADDRESS
____ PLAN ANNIVERSARY CHANGES
____ MARRIAGE
____ BIRTH OR ADOPTION OF A CHILD
____ EMPLOYMENT OF SPOUSE
____ AWAY ON LEAVE OF ABSENCE
____ FAMILY DEPENDENT'S STATUS CHANGE
____ CHANGE OF RESIDENCE
____ VENDOR RATE CHANGE (Applies to Premiums, and Day Care Providers)

____ TERMINATE EMPLOYMENT
____ DIVORCE
____ DEATH OF SPOUSE OR CHILD
____ TERMINATION OF SPOUSE'S EMPLOYMENT
____ BACK FROM LEAVE OF ABSENCE
____ CHANGE FROM Full-Time TO Part-Time STATUS
____ CHANGE IN PAY STATUS
____ CHANGE IN SPOUSE'S PAY STATUS
____ CHANGE IN SPOUSE'S CAFETERIA PLAN

EXPENSE TYPE TO BE ADDED/CHANGED/DELETED:	**DEDUCTION AMOUNT**	**Add / Change / Delete**
HEALTH INSURANCE PREMIUMS		
UNREIMBURSED MEDICAL EXPENSES		
DEPENDENT DAYCARE EXPENSES		
OTHER:		
OTHER:		

I certify that effective ____/____/____, I had a change in family and/or employment status as noted above and request that changes in my benefits be made as indicated.

_____ _____
Signature Date

Administrative Solutions, Inc.

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*effective 2001