UNITED HEALTHCARE
(877) 311-7849

Section 125 Cafeteria Plan
Flexible Spending Account
Change in Family Status Documentation

Employee Name:

Social Security #:

Employer: CITY OF PLANO
Group #: 704336

The Family Status Documentation must be filed within 30 days of the Family Status Change.

I.R.S. REGULATIONS FOR QUALIFYING CHANGE IN FAMILY STATUS:
(One or more of the following must be met before a change in pre-tax payroll deduction can be modified during a plan year.)

☐ Marriage/Divorce – Loss or Gain of a Dependent/Spouse

☐ Commencement or Termination of Employment of Spouse

☐ A Full-time or Part-Time Status Change by Employee and/or Spouse

☐ Unpaid/Return from Leave of Absence by Employee and/or Spouse

☐ Significant Change in Health Coverage of Employee and/or Spouse attributable to employment

☐ Significant Change in Dependent/Child Care Coverage attributable by the Provider

PLEASE INDICATE THE CHANGES ON A "PER PERIOD BASIS" AS INDICATED BELOW:

Change medical spending from _____ to _____.

Change dependent child care from _____ to _____.

Effective date of change:

Effective date for payroll change:

Signature: _____

Date: