Pension Boards
United Church of Christ

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Flexible Benefit Plan for UCC Ministries
Change in Status Election Form

PERSONAL INFORMATION	
Employer name	Employee name *(Last, first, middle)*
Employee Address	City/State/ZIP
Telephone number *(with area code)* ( ) –	E-Mail address @
Employee Social Security number	Employee number *(if available/applicable)*
Plan Year _____, 20_____ through _____, 20_____	

CHANGE IN PERSONAL STATUS

As an eligible employee in the Flexible Benefit Plan for UCC Ministries, I am entitled to revoke my prior benefit election and enter into a new election in the event of certain changes in status.

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

I certify that I have incurred the following change in status:

- ☐ Marriage
- ☐ Divorce, legal separation or annulment
- ☐ Birth, adoption or placement for adoption of a child
- ☐ Death of my spouse and/or dependent
- ☐ Termination or commencement of employment by my spouse or dependent
- ☐ Switching from part-time to full-time (or vice-versa) employment on the part of me or my spouse, or dependent or reduction or increase in hours, strike or lockout
- ☐ I, my spouse or dependent have taken an unpaid leave of absence
- ☐ A change in the residence or worksite of myself, my spouse or dependent
- ☐ My dependent satisfies or ceases to satisfy the requirements for coverage
- ☐ Other: _____

The Administrator may require you to provide evidence to document the event which requires the change of election.

Employee signature	Date
Administrator	Date