Dependent Care Assistance Plan

Change Form

EMPLOYER INFORMATION

Company Name

EMPLOYEE INFORMATION

Employee Last Name	First Name	Social Security Number	
Street Address	City	State	Zip
Daytime Phone Number	Email		

In accordance with IRS guidelines, listed below are qualifying life events that allow changes to be made to your DCAP payroll deduction outside of your regular annual enrollment period.

Check One	Qualifying Event	Change Allowed	Proof Required
☐	Marriage	You may enroll or increase to accommodate newly-eligible dependents or decrease or cease coverage if new spouse is not employed or participates in a DCAP under a different plan.	Must be accompanied by a copy of marriage certificate
☐	Divorce, Legal Separation or Annulment	You may cease coverage if eligibility is lost due to dependent now residing with ex-spouse.	Must be accompanied by final divorce decree.
☐	Birth or Adoption	You may enroll or increase coverage for newly-eligible dependent.	No documentation necessary for birth. Must be accompanied by legal court adoption agreement.
☐	Death of spouse or an eligible dependent	You may enroll or increase to accommodate newly-eligible dependents due to death of spouse or cease coverage due to death of a dependent.	Must be accompanied by death certificate.
☐	Change in employment status (part-time to full time, hourly to salaried), including termination, for yourself or your spouse, triggering eligibility under the plan.	You may add coverage for eligible dependents. You may revoke or decrease election to reflect loss. May not elect if spouse is not actively working or looking for work.	Must be accompanied by a letter from (spouse's) employer stating effective date of employment change.
☐	Significant Cost Changes	You may increase, decrease or revoke election consistent with cost change if no similar coverage is available. Cost change must not be imposed by dependent care provider who is relative of the employee.	Must be accompanied by proof of cost change.

Please change my annual DCAP election from $ ______________ to $ ______________ , effective ______________.
(amount) (amount) (date)

TERMS AND CONDITIONS

1. Changes are generally effective the first day of the month following the date of the event unless otherwise noted.
2. Changes are not effective until documentation has been received, reviewed and approved.
3. You must submit a Change form within 31 days of the qualifying event.
4. You will receive a confirmation statement within 10 days of the effective date. If confirmation is not received, please contact your Plan Administrator.
5. You should retain a copy of this Change form for your files.

I have read and agree to the terms and conditions set forth on this Agreement and certify my request to be true.

Employee Signature	Date

Send completed form and documentation to TotalBen.

FAX: (718) 535-7071

Mail: TotalBen LLC
P.O. Box 100496
Brooklyn, NY 11210

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