

IRS Section 125 Qualifying Event Checklist - Dependent Care Only -

CWID# _____ - _____ - _____ Employee Name: _____ Date: _____

Change requested: (ie: reduce Dependent Care amount eff. 3/31/08) _____

THE FOLLOWING MUST BE COMPLETED (The more information, the more beneficial this will be to the employee/employer in case of an audit)
Please explain the qualifying event(s) and describe how the requested change is consistent with the event(s):
(Example: Changed daycares, new daycare, "Tiny Tots", has lower rates. Daily rate was \$20, now \$16.)

Please Note: This Qualifying Life Event must be *consistent* with the request to add, drop, or make a change that affects your Flexible Spending Account for your dependent care account.

IRS Section 125 Qualifying Events – DCAP (Dependent Care) Only			
✓	Change in Legal Marital Status	Date of Event	Name of Spouse
	Marriage (excludes common-law)		
	Divorce/Legal Separation/Annulment		
	Death of Spouse		
✓	Change in Number of Dependents	Date of Event	Name of Dependent
	Birth		
	Adoption/Placement for Adoption		
	Death		
✓	Change in Daycare or Provider Expense:	Date of Change	Name of Dependent
	Change in Provider		
	Increase or Decrease in Provider Rates (unless "Provider" is a relative)		
	Someone staying home with dependent		
	Dependent beginning school		
✓	Change in Status Affecting Dependent Eligibility:	Date of Change	Name of Dependent
	Ineligible due to age 13		
	Spouse or dependent (regardless of age) becomes physically or mentally incapable of self care.		
✓	Change in Employment Status: (circle affected) Employee/Spouse/Dependent	Date of Change	Name of Spouse / Dependent
	Termination of Employment: Name of other group insurance:		
	Commencement of Employment Name of other group insurance:		
	Leave of Absence (going on or returning from)		
	Commencement of unpaid leave (LTD, LWOP, Layoff & FMLA qualifies)		
	Upon return to work, circle all that apply: Health Dental Vision		
	Terminate/rehire within 30 days (re-instate original election)		

Employee Signature: _____

Your signature confirms that all statements herein are true. Documentation that authenticates these statements could be required during an audit. Refer to Title 74 Oklahoma Statutes § 1323, Fraud – Penalties

ALL CHANGES MUST BE MADE WITHIN 30 DAYS OF THE QUALIFYING EVENT