

IRS Section 125 Qualifying Event Checklist - Flexed Premiums & Un-reimbursed Medical -

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

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: spouse changed jobs, lost health benefits with previous employer, coverage ended 7/31/07, add spouse to health 8/1/07.)

Please Note: This Qualifying Event must be *consistent* with the request to add, drop, or make a change that affects your tax-sheltered health, dental, or vision premiums and Flexible Spending Account for your un-reimbursed medical account.

IRS Section 125 Qualifying Events – FLEXED Premiums & Unreimbursed Medical			
✓ Change	Change in Legal Marital Status	Date of Event	Name of Spouse
	Marriage (excludes common-law)		
	Divorce/Legal Separation/Annulment (circle as appropriate)		
	Death of Spouse		
✓ Change	Change in Number of Dependents	Date of Event	Name of Dependent
	Birth		
	Adoption/Placement for Adoption		
	Death		
✓ Change	Gain/Loss of Other Coverage (circle all that apply)	Gain/Loss Date	Name of Individual (s) affected (EE, spouse, or Dep.)
	* Gain other major medical insurance coverage: Health Dental Vision		
	* Loss of other major medical insurance coverage: Health Dental Vision		
	Cancellation/Commencement of coverage: Medicare Medicaid SoonerCare		
✓ Change	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, Military, Layoff & FMLA) Upon return to work, circle all that apply: Health Dental Vision		
	Terminate/rehire within 30 days (re-instate original election)		
✓ Change	Change in Status Affecting Dependent Eligibility: Ineligible (circle one)	Date of Event	Name of Dependent
	Attained age 26		
	Financially independent (not claimed on tax return)		
	Marriage before age 26		
✓ Change	Change in Residence affecting HMO: (must live or work within zip code area) Current Vendor: (circle ALL affected) Employee / Spouse / Dependent	Date of Move	Name of Individual(s) affected
✓ Change	Change of Custody, Judgment, Court Order or Decree requiring	Date of Order	Name of Dependent(s)
	Health coverage, including Qualified Medical Child Support Orders (QMCSO): If employee has court order to cover a dependent Child(ren), changes must be consistent with order.		

* Major medical is a plan that covers medical, pharmacy and hospitalization expenses.

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