

IRS Section 125 Qualifying Event Checklist

-Dependent Care Only-

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

**ALL CHANGES ARE EFFECTIVE THE FIRST OF THE FOLLOWING MONTH AND
CHANGES REQUESTED MUST BE SUBMITTED WITHIN 30 DAYS OF THE QUALIFYING EVENT**

THE FOLLOWING MUST BE COMPLETED:

This Qualifying Life Event must be **consistent** with the request to add, drop, or make a change that affects your dependent care account. **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.)

| | | | |
|----------|--|-----------------------|-----------------------------------|
| ✓ Change | Change in Legal Marital Status | Date of Event | Name of Spouse |
| | Marriage (excludes common-law) | | |
| | Divorce/Legal Separation/Annulment | | |
| | Death of Spouse | | |
| ✓ Change | Change in Number of Dependents | Date of Event | Name of Dependent |
| | *Birth | | |
| | Adoption/Placement for Adoption | | |
| | Death | | |
| ✓ Change | 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 | 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 | Change in Employment Status: (circle affected) Employee/Spouse/Dependent | Date of Change | Name of Spouse / Dependent |
| | Termination of Employment: Group/Employer Name: _____ Policy# _____ | | |
| | Commencement of Employment Group/Employer Name: _____ Policy# _____ | | |
| | Leave of Absence (going on or returning from) | | |
| | Commencement of unpaid leave (LTD, LWOP, Layoff & FMLA qualifies) | | |
| | Terminate/rehire within 30 days (re-instate original election) | | |
| ✓ Change | Change of Custody, Judgment, Court Order or Decree requiring | Date of Order | Name of Dependent(s) |
| | Employee must have court order to cover a dependent child(ren), changes must be consistent with order. | | |

*Changes due to the birth of a child are retroactive to the date of birth, unless noted.

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