

# QUALIFYING EVENT NOTIFICATION FORM



Group Information																												
Group Name:	Group ID#:																											
Employee Information (Please Print)	Spending Account ID #																											
Last Name	First Name	Middle Initial	S	A																								
Street Address			Social Security # (if SA# is not known)																									
City			State		Zip		Daytime Phone #																					
Qualifying Event Information																												
<p><b>I have experienced a change in status as indicated below. The effective date of change is:</b> _____  <small>(You have a limited time period to submit this change. Discuss with your benefits department to determine the time period.)</small></p> <p><b>Change affects:</b>   <input type="checkbox"/> <b>Self</b>            <input type="checkbox"/> <b>Spouse</b>            <input type="checkbox"/> <b>Dependent</b></p>																												
<p><b>1. Employment Status Change</b></p> <p><input type="checkbox"/> Termination of employment            <input type="checkbox"/> Full-time to Part-time            <input type="checkbox"/> Leave of Absence (unpaid)</p> <p><input type="checkbox"/> Commencement of employment            <input type="checkbox"/> Part-time to Full-time</p> <p><input type="checkbox"/> Continuation through COBRA (for Medical Expense Reimbursement Only)</p> <p><b>2. Marital Status Change</b></p> <p><input type="checkbox"/> Marriage            <input type="checkbox"/> Legal Separation            <input type="checkbox"/> Divorce            <input type="checkbox"/> Widowed</p> <p><b>3. Dependent Status Change</b></p> <p><input type="checkbox"/> Birth            <input type="checkbox"/> Adoption            <input type="checkbox"/> Death</p> <p><b>4. <input type="checkbox"/> Other:</b> _____</p>																												
<p>Due to the Qualifying Event indicated above, I am requesting that my Horizon enrollment for this plan year be changed.  <small>(Election amounts cannot be lowered if your employee (self) is terminating employment)</small></p> <table style="width:100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="width: 30%; text-align: center;"><b>Current Annual Election</b></td> <td style="width: 40%; text-align: center;"><b>Current Per Pay Period Deduction Amount</b></td> </tr> <tr> <td><b>From:</b></td> <td><input type="checkbox"/> Medical Expense            \$ _____</td> <td>\$ _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Dependent/Day Care Expense            \$ _____</td> <td>\$ _____</td> </tr> <tr> <td></td> <td style="text-align: center;"><b>New Annual Election</b></td> <td style="text-align: center;"><b>New Per Pay Period Deduction Amount</b></td> </tr> <tr> <td><b>To:</b></td> <td><input type="checkbox"/> Medical Expense            \$ _____</td> <td>\$ _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Dependent/Day Care Expense            \$ _____</td> <td>\$ _____</td> </tr> </table> <p>Groups who submit onfile payroll information must update their onfile payroll worksheet accordingly.</p>												<b>Current Annual Election</b>	<b>Current Per Pay Period Deduction Amount</b>	<b>From:</b>	<input type="checkbox"/> Medical Expense            \$ _____	\$ _____		<input type="checkbox"/> Dependent/Day Care Expense            \$ _____	\$ _____		<b>New Annual Election</b>	<b>New Per Pay Period Deduction Amount</b>	<b>To:</b>	<input type="checkbox"/> Medical Expense            \$ _____	\$ _____		<input type="checkbox"/> Dependent/Day Care Expense            \$ _____	\$ _____
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Employee Signature - Not required for terminating employees (self)																												
I certify that the status change as noted above has occurred. I authorize that my enrollment records be changed or cancelled as requested.																												
Employee's Signature			Print Name				Date																					
Group Signature																												
Group Signature						Date																						

Questions? Call Group Leader Services at 1-888-215-0025.

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