

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>I have experienced a change in status as indicated below. The effective date of change is: _____ <small>(You have a limited time period to submit this change. Discuss with your benefits department to determine the time period.)</small></p> <p>Change affects: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent</p>																													
<p>1. Employment Status Change</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>2. Marital Status Change</p> <p><input type="checkbox"/> Marriage <input type="checkbox"/> Legal Separation <input type="checkbox"/> Divorce <input type="checkbox"/> Widowed</p>																													
<p>3. Dependent Status Change</p> <p><input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Death</p>																													
<p>4. <input type="checkbox"/> Other: _____</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;">Current Annual Election</td> <td style="width: 40%; text-align: center;">Current Per Pay Period Deduction Amount</td> </tr> <tr> <td>From:</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;">New Annual Election</td> <td style="text-align: center;">New Per Pay Period Deduction Amount</td> </tr> <tr> <td>To:</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>													Current Annual Election	Current Per Pay Period Deduction Amount	From:	<input type="checkbox"/> Medical Expense \$ _____	\$ _____		<input type="checkbox"/> Dependent/Day Care Expense \$ _____	\$ _____		New Annual Election	New Per Pay Period Deduction Amount	To:	<input type="checkbox"/> Medical Expense \$ _____	\$ _____		<input type="checkbox"/> Dependent/Day Care Expense \$ _____	\$ _____
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Employee Signature - Not required for terminating employees (self)																													
<p>I certify that the status change as noted above has occurred. I authorize that my enrollment records be changed or cancelled as requested.</p>																													
_____ Employee's Signature				_____ Print Name				_____ Date																					
Group Signature																													
_____ Group Signature								_____ Date																					

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

Send via secured email only:
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