

**MID-PLAN YEAR CHANGE REQUEST
Flexible Benefits Program
Benefits Checklist**

Employee: _____ **Empl ID:** _____

Employee should complete this checklist and submit it along with the Enrollment & Change Form.

Mid-year changes may be made outside the annual Open Enrollment period under limited circumstances. Please review Chapter 1 of the Benefit Plans Handbook, pages 1-5 through 1-7. **If you have a qualifying event, you must submit the appropriate Enrollment & Change Form within 31 days of the qualifying event (can be found on the intranet at <http://vcweb/ceo/HR/benefits>).** Your requested change in elections must be because of, and consistent with, the reason for the change. Please submit documentation and/or proof of your change in circumstances.

Qualifying Mid-Year EVENT: _____

Qualified EVENT DATE: _____

REASON for Requested Change: _____

Current Plan Year Choices:	Requested Plan Choices:
Medical:	Medical:
Dental:	Dental:
Vision:	Vision:
Health Care FSA:	Health Care FSA:
Dependent Care FSA:	Dependent Care FSA:

Certain qualified mid-year changes may also affect other automatic or optional benefits (e.g. change in bargaining unit or work schedule).

Notes:

Approval/Denial by HR/Benefits Staff Date

Effective date of Election Changes