

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									
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>									
Change affects: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent									
1. Employment Status Change <input type="checkbox"/> Termination of employment <input type="checkbox"/> Full-time to Part-time <input type="checkbox"/> Leave of Absence (unpaid) <input type="checkbox"/> Commencement of employment <input type="checkbox"/> Part-time to Full-time <input type="checkbox"/> Continuation through COBRA (for Medical Expense Reimbursement Only)									
2. Marital Status Change <input type="checkbox"/> Marriage <input type="checkbox"/> Legal Separation <input type="checkbox"/> Divorce <input type="checkbox"/> Widowed									
3. Dependent Status Change <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Death									
4. <input type="checkbox"/> Other: _____									
Due to the Qualifying Event indicated above, I am requesting that my Horizon enrollment for this plan year be changed. (Election amounts cannot be lowered if your employee (self) is terminating employment)									
From:		Current Annual Election			Current Per Pay Period Deduction Amount				
		<input type="checkbox"/> Medical Expense \$ _____ <input type="checkbox"/> Dependent/Day Care Expense \$ _____			\$ _____ \$ _____				
To:		New Annual Election			New Per Pay Period Deduction Amount				
		<input type="checkbox"/> Medical Expense \$ _____ <input type="checkbox"/> Dependent/Day Care Expense \$ _____			\$ _____ \$ _____				
Groups who submit onfile payroll information must update their onfile payroll worksheet accordingly.									
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.

Send via secured email only:
 HorizonMyWay.Documents@Hellofurther.com

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 866-231-0214

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