



# Benefit Elect of Texas

## FLEXIBLE COMPENSATION FAMILY STATUS CHANGE FORM

Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### EMPLOYEE REQUESTS A FAMILY STATUS CHANGE:

Effective Date of Change: \_\_\_\_\_

First Payroll Date with New Election: \_\_\_\_\_

Please make changes to the following elections:

BENEFIT CATEGORY	CURRENT AMOUNT	NEW AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____

The above change(s) are requested for the following reason(s) and is/are consistent with IRS regulations regarding Family Status Changes during a Plan Year:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Company Representative: \_\_\_\_\_ Date: \_\_\_\_\_