



Employee Benefits Group

CHANGE OF STATUS FORM

Please complete this form and return to your Human Resources Department.

Employer: _____

Employee Name: _____ Social Security #: _____

Medical FSA reimbursement payroll deduction change from _____ to _____

Dependent care FSA payroll deduction change from _____ to _____

For Medical FSA (Please check one) – Changes must be consistent with the election*

- Marriage
- Divorce
- Birth or Adoption of a Child
- Death of Spouse or Child
- Leave of Absence
- Return from Leave of Absence
- Change in Employment that affects Eligibility

For Dependent Care FSA (Please check one) – Changes must be consistent with the election*

- Change in Day Care Provider
- Change in Cost of Day Care
- Change in Eligibility to Elect Day Care

If you have a change of address, please complete below:

Previous Address: _____

Street City State Zip

New Address: _____

Street City State Zip

**Please contact your CGI Benefits Administrator for questions regarding "Consistency Rules" allowed under your Section 125 Plan.*

Employee Signature: _____ **Date:** _____

For Employer to Complete:

Employer Signature: _____ Date: _____

Effective Paycheck date of this change: _____

A copy of this change must be provided to CGI to update our records

Mail to: CGI Employee Benefits Group
Attn: Benefits Dept.
171 Londonderry Turnpike
Hooksett, NH 03106

Fax to: CGI Employee Benefits Group
Attn: Benefits Dept.
(603)232-9363
Toll Free: (888)383-0088