CHANGE OF ELECTION
QUALIFYING EVENT 2025 Plan Year
State of Connecticut

Instructions: Complete and submit this form to osc.ebu@ct.gov or fax to 860-702-3556. Retain a copy for your records.

EMPLOYER INFORMATION

Employer Name:	**State Of Connecticut**
Employer TASC ID #:	**4721-0392-1958**

PARTICIPANT INFORMATION

First Name:		MI:		Last Name:		
Employee or TASC ID:		Email Address:				
Primary Phone #:		Mobile Phone #:				
Primary Address: *(cannot be PO Box)*	Address 1:				Apt:	
	Address 2:					
	City:					
	State:		ZIP Code:		+4:	

REASON FOR CHANGE - QUALIFYING EVENT

All changes of election (except for Transit and Parking Accounts) require the change request to be:

1) On account of and corresponding to one of the qualifying events below, **and**
2) Made within 31 days of the qualifying event.

- ☐ Change in Legal Marital Status
- ☐ Change in Number of Dependents
- ☐ Change in Employment Status
- ☐ Dependent Satisfies or Ceases to Satisfy Eligibility Requirements
- ☐ COBRA
- ☐ FMLA
- ☐ Judgement, Decree or Order
- ☐ Entitlement to Medicare or Medicaid
- ☐ Change in Residence*
- ☐ Change in the Cost of Coverage*
- ☐ HIPAA Special Enrollment Rights*
- ☐ Significant Curtailment of Coverage*
- ☐ Addition/Elimination of Benefit Package*
- ☐ Change in Coverage of Spouse or Dependent Under Other Employer's Plan*
- ☐ Loss of group health coverage sponsored by governmental or educational institutions*
- ☐ Exchange Event: Reduction in hours (less than 30)*
- ☐ Exchange Event: Exchange enrollment during Exchange Open or Special Enrollment Period*

**** These nine events do not allow a change to the Healthcare Flexible Spending Account (Med Flex).***

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EFFECTIVE DATE / ACCOUNT / AMOUNT OF CHANGE

Effective date of change:		**First payroll affected by change:**	

	I hereby request a change in my benefit election(s) as follows: Find all IRS limits on our website: www.tasconline.com/resources/benefit-limits	**Current Payroll Deduction Amount**	**New Payroll Deduction Amount**	**Revised Election***
n/a	Healthcare Flexible Spending Account (Med Flex)	$	$	$
n/a	Dependent Care Assistance Plan (DCAP)	$	$	$
☐	Transit Account (Monthly)	$	$	$
☐	Parking Account (Monthly)	$	$	$

**** Required to be entered.***

- For Med Flex / DCAP, the revised election is determined by adding your year-to-date deductions taken at the old rate to your deductions to be taken for the remaining pay periods in the plan year.
- Enter a MONTHLY election for Transit or Parking.

AUTHORIZATION

_____ _____

Participant Signature **Date**

_____

Participant Printed Name

_____ _____

Client Signature **Date**

_____

Client Printed Name