



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 Residence* |
| ☐ Change in Number of Dependents | ☐ Change in the Cost of Coverage* |
| ☐ Change in Employment Status | ☐ HIPAA Special Enrollment Rights* |
| ☐ Dependent Satisfies or Ceases to Satisfy Eligibility Requirements | ☐ Significant Curtailment of Coverage* |
| ☐ COBRA | ☐ Addition/Elimination of Benefit Package* |
| ☐ FMLA | ☐ Change in Coverage of Spouse or Dependent Under Other Employer's Plan* |
| ☐ Judgement, Decree or Order | ☐ Loss of group health coverage sponsored by governmental or educational institutions* |
| ☐ Entitlement to Medicare or Medicaid | ☐ 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).



CHANGE OF ELECTION

QUALIFYING EVENT 2025 Plan Year

State of Connecticut

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*
☐	Healthcare Flexible Spending Account (Med Flex)	\$	\$	\$
☐	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