



State of Connecticut
Change of Election Qualifying Event
2026 Plan Year

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
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PARTICIPANT INFORMATION

All fields are required for account setup unless otherwise indicated. Information is confidential and is not used for marketing purposes.

First Name		MI		Last Name	
Employee ID or TASC ID		Email Address			
Primary Phone		Mobile Phone			
Primary Address	Address Line 1				
	Address Line 2				
	City		State		ZIP
Date of Birth		Hire Date		Payroll Frequency	

REQUIREMENTS

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

☐ COBRA

☐ FMLA

☐ Judgement, decree or order

☐ Entitlement to Medicare or Medicaid

☐ Dependent satisfies or ceases to satisfy eligibility requirements

☐ Change in residence*

☐ Change in the cost of coverage*

☐ HIPAA special enrollment rights*

☐ Significant curtailment of coverage*

☐ Addition or 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: Exchange enrollment during Exchange open or special enrollment period*

☐ Exchange Event: Reduction in hours (less than 30)*

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



EFFECTIVE DATE / ACCOUNT / AMOUNT OF CHANGE

I hereby request a change in my benefit elections(s) as follows:

Effective Date of Change	First Payroll Affected by Change					
		Current Payroll Deduction Amount		New Payroll Deduction Amount		Revised Election Amount*
<input type="checkbox"/> Healthcare Flexible Spending Account (Med Flex)	\$		\$		\$	
<input type="checkbox"/> Dependent Care Assistance Plan (DCAP)	\$		\$		\$	
<input type="checkbox"/> Transit Account (Monthly)	\$		\$		\$	
<input type="checkbox"/> 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

Find all IRS limits on our website at www.tasconline.com/benefits-limits.