/+5BY BWF
)PSJ[PO

First Middle Last

SA

Street Address

Social Security # (if SA# is not known)

City State Zip

Daytime Phone #

Qualifying Event Information

I have experienced a change in status as indicated below. The effective date of change is: _____

(You have a limited time period to submit this change. Discuss with your benefits department to determine the time pe

Change affects: Self Spouse Dependent

Full-time to Part-time Leave of Absence
Change in work status of spou
Signing up for health coverage
Legal Separation Divorce Widowed
Adoption Death

3. Other: _____

Due to the Qualifying Event indicated above, I am requesting that my Horizon enrollment for this plan year be changed.
(Election amounts cannot be lowered if your employee (self) is terminating employment)

		Current Annual Election
From:	☐ Medical Expense	$ _____
	☐ Dependent/Day Care Expense	$ _____
		New Annual Election
To:	☐ Medical Expense se2649submEMConfile payT1_2Act 0 mandicamust updTex>>BDirConfile payT1_2Aworksheet accordplaly9 33	$ _____

To: