

MURFEE MEADOWS, INC.

Change in Family Status Form

(Fill out only to request a Change in Participation during the year.)

Employer: _____

Full Name: _____

Social Security #: _____

* **Check the appropriate box** to indicate a change in Family Status. One or more of the events listed below qualifies you to change your Redirected Amounts or your participation during the Plan Year. Changes cannot be retroactive and must be consistent with the events indicated.

• **Change in Marital Status**..... Marriage
 Divorce
 Legal Separation

• **Change in Dependent Status**..... Birth
 Adoption
 Death
 Loss of Dependent

• Change in Work Status	You	Your Spouse
Termination of Employment.....	<input type="checkbox"/>	<input type="checkbox"/>
Commencement of Employment.....	<input type="checkbox"/>	<input type="checkbox"/>
Part-Time to Full-Time.....	<input type="checkbox"/>	<input type="checkbox"/>
Full-Time to Part-Time.....	<input type="checkbox"/>	<input type="checkbox"/>
Other _____.....	<input type="checkbox"/>	<input type="checkbox"/>

• **Other Change in Family Status (Explain in detail.)** (Documentation verifying all changes listed above may be required)

* **Fill out a Participation Form** to indicate the change(s) you wish to make in your total Annual Redirected Amounts or in your participation. Changes you may make include, but are not limited to, increasing or decreasing the deduction amounts under the Cafeteria Plan, or withdrawing from participation.

I understand that I may be required to provide appropriate documentation for any of the changes in family status that I have checked above. The family status and participation changes will be reviewed. If my change in participation is denied, I will have 60 days to appeal the decision. If again denied, I may pursue other rights accorded under ERISA.

I HEREBY ELECT THE PARTICIPATION CHANGE(S) NOTED ON THE PARTICIPATION FORM ATTACHED AND ATTEST THAT THE CHANGE IS CAUSED BY AND CONSISTENT WITH THE CHANGE IN FAMILY STATUS.

Employee

Accepted and agreed to
By: _____

Plan Administrator

Date: _____

Date: _____