



STATE OF MINNESOTA
CHANGE IN PARTICIPATION
MDEA & DCEA



Plan Year: _____
Employee ID Number: _____
First Name: _____ MI: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: (____) _____

CHANGE IN PARTICIPATION or MID-YEAR ENROLLMENT DUE TO A STATUS CHANGE

I hereby revoke any previous authorization for the current year and authorize the State of Minnesota to make the pre-tax payroll deductions, which I have indicated below. I understand that the deducted amounts will be available for the reimbursement of my qualifying expenses incurred during the calendar year from my effective date under the terms of the formal plan document. I also understand that deductions will be taken in equal amounts from each of my paychecks, but only if my pay is sufficient to cover those amounts. Note - Changes cannot be made retroactively and the mid-year election change must be consistent with the status change that affects insurance eligibility for coverage under the plan, e.g. birth of a child – you may *increase* your MDEA account, not *decrease* it. The change must be made within 30 days of the event date.

Change in Marital Status:

- Marriage Divorce or Annulment Legal Separation Death of Spouse

Change in Number of Tax Dependents:

- Birth Adoption Death of Dependent

Change in Employment Status That Affects Insurance Eligibility For You, Your Spouse or Dependents:

- Termination of employment/Retirement Commencement of employment Change in work schedule, hours, or shift Hourly to salaried or salaried to hourly
 Commencement of unpaid leave of absence/Lay off/Unpaid FMLA Return from unpaid leave of absence/Lay off/Unpaid FMLA

Change in Spouse or Dependent's Eligibility Under an Employer's Plan:

- Loses eligibility (age, student status, marital status) Gains eligibility (student status, marital status)

Change Due to:

- Judgements, Decrees or Orders Entitlement to Medicare or Medicaid

Changes Specific to Dependent Care Expense Account (DCEA) Only:

- Significant increase or decrease in cost (no change can be made when provider is a relative)
 Addition, elimination, or reduction of your spouse or dependent's dependent care expense plan
 Change in coverage or open enrollment of spouse or dependent under their employer's dependent care expense plan

Note - if your employment terminates and you are rehired **within** 30 days, your prior election amounts are reinstated unless another event has occurred that allows a change. If your employment terminates and you are rehired **after** 30 days, you may make new elections.

Event date: _____

Please explain the event(s) marked above on which you are basing your request for a mid-year coverage change and describe how the requested change is consistent with the event:

Enter your new annual election amount:
Medical/Dental Expense Account: _____ Dependent Care Expense Account: _____
Employee Signature: _____ Date: _____

THIS FORM SHOULD BE RETURNED TO:
STATE EMPLOYEES GROUP INSURANCE PROGRAM,
658 CEDAR STREET, ST. PAUL, MN 55155
FAX: 651-296-5445

Notice Regarding Collection of Private Data

Under provisions of Minnesota Statutes 43A.22-24, Eide Bailly Employee Benefits has been authorized to administer the State of Minnesota Pre-tax Benefits Plan. Information is requested on this form to identify you as a participant in the Plan and to determine your eligibility for expense reimbursements.

You are not legally required to provide any information requested. However, providing all the requested information will help to enroll you correctly in the plan and to process claims accurately and quickly. If you do not provide critical information, we may be unable to process your enrollment or reimbursement requests.

The information requested may be provided to: representatives of the Minnesota Department of Employee Relations, federal and state tax authorities, professional auditors who audit the State of Minnesota Pre-Tax Benefits Plan, law enforcement entities with statutory authority to gain access to the data, and any other person or entity authorized by law or court order.

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.