

TERMINATION OF PLAN NOTIFICATION

Company Name: _____

Date: _____

Employee Printed Name: _____

I understand that my election to withhold money for my Section 125 dependent care or the medical deduction plan can only change if I have a change in family status or other significant change. I have checked the following items relating to my change of status:

- I just married/divorced
- I have just had/adopted a child
- My spouse/child passed away
- My spouse just started/terminated working
- My or spouses employment status changed to part time/full time
- I or my spouse has taken an unpaid leave of absence
- I or my spouse have had a significant change in health coverage directly attributable to my/their employment
- There has been a change in paid care providers with an increase in cost
- Other: (Please fill in significant change)

Employee Signature: _____

Termination/quitting of employee _____
Signature of company representative Printed name

There may be other events which are considered to be a change in status but you must be able to justify the change as having a significant impact on your ability to continue your Section 105/125 commitment. The IRS will not accept that you just don't like the program or that it is too expensive or time consuming.

NOTE: Unless you can establish a reason as outlined on this form you can only terminate your participation in the plan at the end of the year during open enrollment.

This notice should be given to your employer and you should request that a copy be forwarded to American Mutual Benefits via your employer. This change can only go into effect if it is requested by your employer.