

# TERMINATION OF A PLAN NOTIFICATION

Company Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Medical \_\_\_ Dependent Care \_\_\_ Both \_\_\_

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)

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.**