

NJ Tax\$ave
Horizon MyWay®
CHANGE IN STATUS FORM



Group Name: STATE OF NEW JERSEY **Horizon Group Number: 601050**

- Employer Agency:** Centralized Payroll (0001) Legislative Group (0002) Rutgers State University (1229)
 NJIT - New Jersey Institute of Technology (1285) Ramapo College (1812) College of New Jersey (1820)
 Thomas Edison State University (1821) Stockton University (1822) New Jersey City University (1823)
 WM Patterson University (1824) Rowan University (1825) Montclair University (1826) Kean University (1832)
 New Jersey Building Authority (8005) UNH - University Hospital (8157) Palisade Interstate Park Commission (9910)

Employee Information (Please Print)			Spending Account ID #							
Last Name	First Name	Middle Initial	S	A						
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 period.)

Change affects: Self Spouse Dependent

- Employment Status Change**
 - Termination of employment
 - Full-time to Part-time
 - Leave of Absence (unpaid)
 - Commencement of employment
 - Part-time to Full-time
 - Change in work status of spouse
 - Continuation through COBRA (for Medical Expense Reimbursement Only)
 - Significant change in health coverage due to spouse's employment
- Marital Status Change**
 - Marriage
 - Legal Separation
 - Divorce
 - Widowed
- Dependent Status Change**
 - Birth
 - Adoption
 - Death
- Erroneous Enrollment**
- 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:	<input type="checkbox"/> Medical Expense	\$	_____
	<input type="checkbox"/> Dependent/Day Care Expense	\$	_____
		New Annual Election	
To:	<input type="checkbox"/> Medical Expense	\$	_____
	<input type="checkbox"/> Dependent/Day Care Expense	\$	_____

Groups who submit onfile payroll information must update their onfile payroll worksheet accordingly.

Employee Signature - Not required for terminating employees (self)

I certify that the status change as noted above has occurred. I authorize that my enrollment records be changed or cancelled as requested.

_____ Employee's Signature	_____ Print Name	_____ Date
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Group Signature

_____ Group Signature	_____ Date
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Questions? Call Group Leader Services at 1-888-215-0025.

Send via secured email only:
 HorizonMyWay.Documents@Hellofurther.com

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 866-231-0214

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