

NJ Tax\$ave
Horizon MyWay®
CHANGE IN LIFE EVENT 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 Paterson 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
- 1. 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
- 2. Marital Status Change** Marriage Legal Separation Divorce Widowed
- 3. Dependent Status Change** Birth Adoption Death
- 4. 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	\$ _____
Pay Cycle:	<input type="checkbox"/> 10 Months <input type="checkbox"/> 12 Months	

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
Group Signature		
Group Signature	Date	

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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