

**BOSTON UNIVERSITY  
FLEXIBLE BENEFIT PLAN MID YEAR CHANGES  
CERTIFICATION STATEMENT**

Section 125 of the Internal Revenue Code prohibits changing your Flexible Benefit Plan elections during a year unless one of several specific events, defined as "Qualified Changes in Family Status" has occurred. In order to make a change in your Flexible Benefit Plan elections outside of the normal annual open enrollment period, you must meet one or more of the criteria listed below. In addition, the change you are requesting must be consistent with your qualified change in family status. **These changes are restricted to a thirty day deadline, therefore you have thirty days from the Date of the Qualifying Event to submit this form and appropriate adjustment forms for the affected plan(s). In addition, it is necessary for you to submit written proof of the Qualifying Event to this office. Please note that all changes become effective as of the date of the Qualifying Event.**

Section I: Qualified Changes in Family Status - Please check all that apply:

- ☐ Marriage or Divorce
  - ☐ Birth or adoption of child
  - ☐ Change in the dependent care provider, or cost, or coverage (Allows change in FSA - Dependent Care only)
  - ☐ Start or loss of my spouse's employment
  - ☐ Myself or my spouse switching from part-time to full-time employment or from full-time to part-time employment
  - ☐ Death of a spouse or dependent
  - ☐ Myself or my spouse taking an unpaid leave of absence
  - ☐ My dependent child attaining age 26
  - ☐ My retirement or termination of employment
- [Note: If you revoke coverage because of retirement or termination you will not be permitted to re-enroll during the same plan year should you be rehired by the University.]

Section II: Date of the Qualifying Event: \_\_\_\_\_

Section III: Benefit Plan Change -The benefit I wish to change is:

- ☐ Health Benefits (**please indicate specific plan**)
  - ☐ BU Health Savings Plan with HSA
  - ☐ Blue Cross Blue Shield PPO
- ☐ Dental Benefits (**please indicate specific plan**)
  - ☐ BU Dental Health Center Plan
  - ☐ Dental Blue Freedom Plan
- ☐ Personal and Family Accident Insurance
- ☐ Flexible Spending Account - Dependent Care
- ☐ Flexible Spending Account - Health Care

Section IV: Please circle the change you wish to make:

**Change from**

Employee only, Employee plus child(ren),  
Employee plus spouse, Family

**to**

Employee only, Employee plus child(ren)  
Employee plus spouse, Family

**Add new coverage**

Employee only, Employee plus child(ren), Employee plus spouse, Family

**Cancel coverage**

Employee only, Employee plus child(ren), Employee plus spouse, Family

Section V: Additional Information-In addition to completing this form, you may need to submit additional documentation. Please contact Human Resources at **(617) 353-2380** to request any necessary forms.

Section VI: Signature - I request a mid year change in my Flexible Benefit Plan for the reason indicated above. I certify that the above information is correct, and that I will be held liable for any penalties resulting from false or misleading information.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form to either of our offices:

Boston University Human Resources, 2nd Floor, 25 Buick Street, Boston, MA 02215

Boston University Human Resources, 4th Floor, 801 Massachusetts Avenue, Boston, MA 02118

10/2018

