

# IPG Flex Plan Change of Status/Election Form

For the plan year \_\_\_\_\_

Company Name \_\_\_\_\_

PLEASE PRINT

Name: \_\_\_\_\_ Check if new [ ] Social Security #: \_\_\_\_\_

Qualifying Event for Change in Status: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

**I authorize my employer and IPG Consultants & Brokers to make the following changes to my account (s) as indicated:**

|                            |                               |                                 |                             |                      |
|----------------------------|-------------------------------|---------------------------------|-----------------------------|----------------------|
| <b>Terminate:</b>          | _____ Premium Conversion Plan | _____ Flexible Spending Account | _____ Medical Reimbursement | _____ Dependent Care |
| <b>Change in Election:</b> | _____ Premium Conversion Plan | _____ Flexible Spending Account | _____ Medical Reimbursement | _____ Dependent Care |

**Premium Conversion:**

Old Salary Reduction (per pay period) \_\_\_\_\_ New Salary Reduction (per pay period) \_\_\_\_\_

**Flexible Spending Accounts:**

**Medical Reimbursement:**

Old Salary Reduction (per pay period) \_\_\_\_\_ New Salary Reduction (per pay period) \_\_\_\_\_

New Salary Reduction \_\_\_\_\_ X Remaining Pay Periods \_\_\_\_\_ = \_\_\_\_\_

**Dependent Care:**

Old Salary Reduction (per pay period) \_\_\_\_\_ New Salary Reduction (per pay period) \_\_\_\_\_

New Salary Reduction \_\_\_\_\_ X Remaining Pay Periods \_\_\_\_\_ = \_\_\_\_\_

I understand the changes indicated on this form replace any previous and/or current elections:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

— Please print three copies, submit one to IPG Employee Benefits, another should be returned to your employer, and retain one for your records —