Mocafe

MISSOURI STATE EMPLOYEES' CAFETERIA PLAN new address.

	Name	(Last,	First, MI)	Social Security Number	Agency/Org or Universit	
	Street A	ddress		City State	Zip	
	Date of	'Status	Change Event	Daytim	e Phone Number	
	Date of	Status	Change Event	Daytiii	e i none rumbei	
	Change of Status Events: Please select all status Death of spouse/dependent				curred in the last 60 days: lent due to age, military status,	
	Divorce finalized			marriage, divorce, etc.		
j	Marriage			Gain/Loss of eligibility and coverage under		
j	Birth/Adoption			Medicare/Medicaid		
]	Residence change			Court order (health coverage not your responsibility)		
]	Employment change of your spouse/dependent			Court order (requiring health coverage)		
]	New dependent care provider			Begin FMLA (Complete Section C)		
	Dependent care	rate cha	inge	End FMLA		
				Your employment er	nds or you retire (Complete Section	
	on A					
<u> </u>	711 7 1	Cur	rent Per Paycheck Deduction	New Per Check Deduction	Change on Paycheck Dated	
ealth	Insurance*		·		(Office Use Only – Leave Blank)	
	l Insurance*					
ision	Insurance*					
	tary Products					
n tota	al only)					
No e	ntry needed if thi	s is a ch	ange to an existing rate already	pre-tax through SAMII for M	ICHCP coverage.	
			New Annual Total	New per check amount	Change on Paycheck Dated	
					(Office Use Only I cave Plank)	
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Mail to: PO Box 858, Columbia, MO 65205-0858 or Fax to: 1-573-442-4435

please Read These Instructions Firstl

MISSOURI STATE EMPLOYEES' CAFETERIA PLAN CHANGE FORM INSTRUCTIONS

Before you fill in this form:

- One of the 15 Change of Status Events (see the change form) has to have happened already, and
- The event must have happened within the last 60 days. (If it has been more than 60 days, you cannot change your deduction because of that event. You must have another qualifying event to make a change.
- Effective Date for Coverage Changes: coverage changes are not in effect until after the event and after this form is received/approved by the MO Cafeteria Plan office. Please refer to your Plan Summary (available from payroll/personnel or on web site, www.mocafe.com) for specifics on effective dates of changes.

Required Information – Please complete all of the following:

- 1. Print your name, address, Social Security Number and agency/org number. Your Agency/Org is listed on your paycheck stub as a 3 digit/4 alpha-numeric identifier (Universities use acronym)
- 2. Enter the date of the status change event
- 3. Please place a check mark or "X" in the event or events that best describe your reason for changing your election.
- 4. Complete **Section A** if your event has affected the insurance premiums you will pay under the cafeteria plan. Complete **Section B** if your event has affected your Health Care FSA or your Dependent Care FSA deductions under the cafeteria plan.
- 5. Complete **Section** C only if you have coverage under the Health Care FSA & only if:
 - you retire;
 - you terminate employment with the State; or
 - you begin FMLA leave
- 6. Sign the change form.

7. Mail to: or Fax, toll-free to:

Missouri State Employee's Cafeteria Plan
PO Box 858

1-877-879-9038
Fax local:

Columbia, MO 65205-0858 1-573-442-4435

8. Payroll/personnel offices will be copied (if data entry is required) on approved changes for MoDOT, Conservation & the Universities. SAMII changes will be updated for payroll/personnel officers for all deductions for MCHCP Health, MCHCP Dental, MCHCP Vision, the Health Care FSA & Dependent Care FSA and administrative fees.

For Assistance, please contact ASI, the administrator of the Missouri State Employees' Cafeteria Plan: www.mocafe.com 1-800-659-3035 asi@asiflex.com