

## **Notice of Personal Information**

**The following notice is provided in accordance with Section 559.003(a) of the Texas Government Code:**

- 1. With few exceptions, you are entitled on your request to be informed about the information The University of Texas System Administration collects about you;**
- 2. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information; and**
- 3. Under Section 559.004 of the Texas Government Code, you are entitled to have The University of Texas System Administration correct information about you that is held by The University of Texas System Administration and that is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32, *Texas Public Information Act*.**

**The information that The University of Texas System Administration collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.**

THE UNIVERSITY OF TEXAS SYSTEM

CHANGE OF STATUS FORM FOR MID-YEAR BENEFIT ELECTION CHANGES

Based on Qualifying Life Events as Permitted by Section 125 of the Internal Revenue Code
ALL ELECTIONS MUST BE MADE WITHIN 31 DAYS OF THE DATE OF THE QUALIFYING EVENT

SECTION I: CHANGE OF STATUS CATEGORIES

DATE OF THE EVENT

Please check all that apply and give the date of the event.

- Change in Your Marital Status due to marriage divorce annulment, legal separation, or spouse's death
Change in Number of Your Dependents due to birth, adoption, placement for adoption, or death
Change in Residence that causes you, your spouse, or your dependents to be no longer eligible for the plan originally selected
Change in Employment Status, such as changing from full-time to part-time employment, starting new employment, ending employment, returning from unpaid leave of absence, beginning your retirement, or other changes that affect plan eligibility
Change in Dependent Eligibility such as marriage of a dependent, or dependent attaining 25 years of age

SECTION II: BENEFIT PLAN CHANGES

The benefit I wish to change is:

Health Benefits

- Add Dependents
Remove Dependents
Terminate Coverage
Change Plans

Life Insurance and/or Personal Accident Insurance

- Add Dependents
Remove Dependents
Terminate Coverage
Change Plans

Dental

- Add Dependents
Remove Dependents
Terminate Coverage
Change Plans

Vision

- Add Dependents
Remove Dependents
Terminate Coverage
Change Plans

Long Term Disability

- Terminate Coverage
Add Coverage

Long Term Care

- Terminate Coverage
Add Coverage

UT FLEX Medical Expense Reimbursement Account Dependent Care Reimbursement Account

- Change Election Amount
Cancel Election Amount

IMPORTANT: I understand I will be required to provide the appropriate documentation for any of the changes I have requested above. I attest that the change requested is made on account of and corresponds with the change in status event. In addition, I am aware that completion of this form does not finalize my election change and my campus benefits office will require I complete an application form before my benefit changes are complete.

Employee Signature Print Name Date Signed