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# Section 125 Cafeteria Plan

**Permitted Election Change Event Chart**

2025 Edition



# Section 125 Cafeteria Plan

## Consistency Rule

For certain life events referred to as a “change in status,” the election change generally must be consistent with the event. This means that the election change must be **on account of and correspond with the event that affects eligibility for coverage** under the employer’s plan.

The six categories of change in status events subject to this consistency rule are as follows.

- Change in employee’s legal marital status
- Change in number of dependents
- Change in employment status
- Dependent satisfies (or ceases to satisfy) dependent eligibility requirements
- Change in residence
- Commencement or termination of adoption proceedings



## Section 125 Cafeteria Plan Rules for Administering Mid-Year Employee Election Change Requests

According to IRS guidelines (Treas. Reg. §1.125-4), participants can change their employee benefits elections under a Cafeteria Plan either (1) during an open enrollment period; or (2) mid-year pursuant to a permitted election change event.

The purpose of this chart is to identify examples of employee, spouse, or dependent life events that may create a permitted election change event. This chart does not address plan changes (e.g., change in plan design, change in plan costs) that may also create a permitted election change event. Furthermore, this chart assumes that the organization’s Section 125 Cafeteria Plan Document is drafted to allow all of the available permitted election change events recognized by the IRS.

**Most cafeteria plans provide that employees must make an election change request within 30 days of the event. The plan cannot accept any election change once the (typically 30-day) window has closed.**

There is no requirement that a permitted election change event be substantiated with documentation (i.e., beyond the employee’s certification of the event) unless the employer suspects fraud—however the plan may impose a documentation requirement on any or all events.

# Section 125 Cafeteria Plan Permitted Election Change Chart

## Status Event

### Marriage:

**Note:** See page 17 for provisions addressing establishment of a domestic partnership.

## Medical

### You may:

- Enroll yourself, your new spouse and any eligible dependent children
- Add your new spouse and any eligible dependent children to your plan
- Cancel your coverage if you enroll in your new spouse's group plan

Coverage/Cancellation is generally effective as of the first of the month following your election change request.

**HIPAA Special Enrollment Event:**  
*Permits you to change medical plan options.*

## Dental

### You may:

- Enroll yourself, your new spouse and any eligible dependent children
- Add your new spouse and any eligible dependent children to your plan
- Cancel your coverage if you enroll in your new spouse's group plan

Coverage/Cancellation is generally effective as of the first of the month following your election change request.

## Vision

### You may:

- Enroll yourself, your new spouse and any eligible dependent children
- Add your new spouse and any eligible dependent children to your plan
- Cancel your coverage if you enroll in your new spouse's group plan

Coverage/Cancellation is generally effective as of the first of the month following your election change request.

## Flexible Spending Accounts

### You may:

#### Health Care FSA

- Enroll/Increase your contributions for the remainder of the plan year
- Revoke/decrease your contributions if you or your dependent(s) enroll in the new spouse's health plan

#### Dependent Care FSA

- Enroll if you gain an eligible dependent, and your spouse is employed/ disabled/ FT student
- Increase/decrease your contributions for the remainder of the plan year, if expenses increase/decrease as result of marriage
- Stop participating if spouse is not employed, disabled or FT student

Coverage/Cancellation is generally effective as of the first of the month following your election change request.

# Section 125 Cafeteria Plan

## Permitted Election Change Chart

### Status Event

#### Divorce, Legal Separation, or Death of Spouse

**Note:** Legal Separation is a legal status that requires a court document.

See page 18 for provisions addressing termination of a domestic partnership.

### Medical

#### You may:

- Enroll yourself and any eligible dependent children if you have lost coverage under your former spouse's group plan
- Cancel your former spouse's coverage
- Cancel your dependent children's coverage if they will enroll in former spouse's group plan coverage

Coverage/Cancellation is generally effective as of the first of the month following your election change request.

### Dental

#### You may:

- Enroll yourself and any eligible dependent children if you have lost coverage under your former spouse's group plan
- Cancel your former spouse's coverage
- Cancel your dependent children's coverage if they will enroll in former spouse's group plan coverage

Coverage/Cancellation is generally effective as of the first of the month following your election change request.

### Vision

#### You may:

- Enroll yourself and any eligible dependent children if you have lost coverage under your former spouse's group plan
- Cancel your former spouse's coverage
- Cancel your dependent children's coverage if they will enroll in former spouse's group plan coverage

Coverage/Cancellation is generally effective as of the first of the month following your election change request.

### Flexible Spending Accounts

#### You may:

##### Health Care FSA

- Decrease/Revoke your contributions for the remainder of the plan year
- Enroll/Increase your contributions if you lose coverage under the former spouse's health plan

##### Dependent Care FSA

- Enroll/Increase your contributions for the remainder of the plan year, if expenses increase as result of divorce/legal separation
- Decrease/Revoke your contributions if change eliminates need for care.

Coverage/Cancellation is generally effective as of the first of the month following your election change request.

# Section 125 Cafeteria Plan

## Permitted Election Change Chart

Status Event	Medical	Dental	Vision	Flexible Spending Accounts
<p><b>Birth/Adoption/Placement for Adoption</b></p>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>Enroll yourself, your spouse, and/or the child.</li> <li>Cancel your coverage if you enroll in your spouse's group plan</li> </ul> <p>Coverage/Change is effective the date of birth, adoption, or placement for adoption.</p> <p><b>HIPAA Special Enrollment Event:</b> <i>Permits you to change medical plan options.</i></p>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>Enroll yourself, your spouse and the child.</li> <li>Cancel your coverage if you enroll in your spouse's group plan</li> </ul> <p>Coverage/Cancellation is generally effective as of the first of the month following your election change request.</p>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>Enroll yourself, your spouse and the child.</li> <li>Cancel your coverage if you enroll in your spouse's group plan.</li> </ul> <p>Coverage/Cancellation is generally effective as of the first of the month following your election change request.</p>	<p><b>You may:</b></p> <p>Health Care FSA</p> <ul style="list-style-type: none"> <li>Enroll/Increase your contributions for the remainder of the plan year.</li> <li>Decrease/Revoke your contributions if you enroll in your spouse's medical plan.</li> </ul> <p>Dependent Care FSA</p> <ul style="list-style-type: none"> <li>Enroll/Increase your contributions for the remainder of the plan year.</li> </ul> <p>Coverage/Cancellation is generally effective as of the first of the month following your election change request.</p>
<p><b>Death of an Employee</b></p>	<ul style="list-style-type: none"> <li>Surviving spouse and/or any covered dependents will be eligible for COBRA coverage for up to 36 months if the plan is timely notified of the qualifying event.</li> </ul>	<ul style="list-style-type: none"> <li>Surviving spouse and/or any covered dependents will be eligible for COBRA coverage for up to 36 months if the plan is timely notified of the qualifying event.</li> </ul>	<ul style="list-style-type: none"> <li>Surviving spouse and/or any covered dependents will be eligible for COBRA coverage for up to 36 months if the plan is timely notified of the qualifying event.</li> </ul>	<p><b>Health Care FSA</b> May be able to continue participation through the end of the plan year if COBRA applies.</p> <p><b>Dependent Care FSA</b> May be able to continue participation through the end of the plan year depending on the plan terms.</p>



# Section 125 Cafeteria Plan

## Permitted Election Change Chart

Status Event	Medical	Dental	Vision	Flexible Spending Accounts
<p><b>Dependent Child Status Change</b></p> <ul style="list-style-type: none"> <li>Child loses eligibility under group plan, including death</li> </ul>	<p><b>You must:</b></p> <ul style="list-style-type: none"> <li>Remove your ineligible dependent from your coverage</li> </ul> <p>The ineligible dependent will be eligible for COBRA if the plan is timely notified of the qualifying event.</p> <p>Coverage/Change will generally be effective the date the dependent no longer qualifies as an eligible dependent.</p>	<p><b>You must:</b></p> <ul style="list-style-type: none"> <li>Remove your ineligible dependent from your coverage</li> </ul> <p>The ineligible dependent will be eligible for COBRA if the plan is timely notified of the qualifying event.</p> <p>Coverage/Change will generally be effective the date the dependent no longer qualifies as an eligible dependent.</p>	<p><b>You must:</b></p> <ul style="list-style-type: none"> <li>Remove your ineligible dependent from your coverage.</li> </ul> <p>The ineligible dependent will be eligible for COBRA if the plan is timely notified of the qualifying event.</p> <p>Coverage/Change will generally be effective the date the dependent no longer qualifies as an eligible dependent.</p>	<p><b>You may:</b></p> <p><b>Health Care FSA</b></p> <ul style="list-style-type: none"> <li>Decrease/Revoke contributions for the remainder of the plan year for dependent who loses eligibility.</li> </ul> <p><b>Dependent Care FSA</b></p> <ul style="list-style-type: none"> <li>Decrease/Revoke contributions for the remainder of the plan year for dependent who loses eligibility.</li> </ul> <p>Cancellation is generally effective as of the first of the month following your election change request.</p>
<ul style="list-style-type: none"> <li>Child loses eligibility for student insurance</li> </ul>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>Enroll the child</li> </ul> <p>Coverage is generally effective as of the first of the month following your election change request.</p>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>Enroll the child</li> </ul> <p>Coverage is generally effective as of the first of the month following your election change request.</p>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>Enroll the child</li> </ul> <p>Coverage is generally effective as of the first of the month following your election change request.</p>	<p><b>Health Care FSA</b></p> <ul style="list-style-type: none"> <li>No changes permitted</li> </ul> <p><b>Dependent Care FSA</b></p> <ul style="list-style-type: none"> <li>No Changes permitted</li> </ul>



# Section 125 Cafeteria Plan

## Permitted Election Change Chart

Status Event	Medical	Dental	Vision	Flexible Spending Accounts
<p><b>Employment Related Changes</b></p> <ul style="list-style-type: none"> <li>Spouse or dependent becomes newly eligible for his/her employer-sponsored plan</li> </ul> <p>Coverage/Cancellation is generally effective as of the first of the month following your election change request.</p>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>Change your coverage to remove any individuals who enroll in the newly available plan through the spouse's or dependent's employer.</li> <li>Stop participating if you enroll in the spouse's new plan.</li> </ul>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>Change your coverage to remove any individuals who enroll in the newly available plan through the spouse's or dependent's employer.</li> <li>Stop participating if you enroll in the spouse's new plan.</li> </ul>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>Change your coverage to remove any individuals who enroll in the newly available plan through the spouse's or dependent's employer.</li> <li>Stop participating if you enroll in the spouse's new plan.</li> </ul>	<p><b>You may:</b></p> <p><b>Health Care FSA</b></p> <ul style="list-style-type: none"> <li>Decrease/Revoke your contributions for the remainder of the plan year if you gain eligibility for health coverage under your spouse's new plan</li> <li>Enroll/Increase your contributions if you or your spouse/dependent lose coverage under a spouse's/parent's health plan</li> </ul> <p><b>Dependent Care FSA</b></p> <ul style="list-style-type: none"> <li>Enroll if your spouse becomes employed or a FT student</li> <li>Increase/decrease your contributions for the remainder of the plan year to reflect changes in cost of coverage</li> <li>Stop participating if your spouse is no longer a FT student or employed</li> <li>Enroll/increase your contributions if your spouse loses dependent care FSA eligibility</li> </ul>
<ul style="list-style-type: none"> <li>If you and/or your spouse become ineligible for spouse or parent's employer-sponsored plan (e.g. termination of employment, reduction in hours, age 26 loss)</li> </ul> <p>Coverage/Cancellation is generally effective as of the first of the month following your election change request.</p>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>Enroll yourself and your eligible dependents if you and your eligible dependents were covered under your spouse's plan</li> </ul> <p><b>HIPAA Special Enrollment Event:</b> <i>Permits you to change medical plan options.</i></p>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>Enroll yourself and your eligible dependents if you and your eligible dependents were covered under your spouse's plan</li> </ul>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>Enroll yourself and your eligible dependents if you and your eligible dependents were covered under your spouse's plan</li> </ul>	



# Section 125 Cafeteria Plan Permitted Election Change Chart

Status Event	Medical	Dental	Vision	Flexible Spending Accounts
<p><b>Employment Related Changes Continued</b></p> <ul style="list-style-type: none"> <li>Spouse's or Parent's Annual Open Enrollment Period (Different Plan Year)</li> </ul> <p>Coverage/Cancellation is generally effective as of the first of the month following your election change request.</p>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>If your spouse/parent cancels medical coverage for you, yourself, or children, you may enroll yourself (including as needed to enroll a dependent), your spouse, and children whose coverage was cancelled.</li> <li>Cancel medical coverage for yourself and any dependents who enroll in your spouse's/parent's plan at OE.</li> </ul>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>If your spouse/parent cancels dental coverage for you, yourself, or children, you may enroll yourself (including as needed to enroll a dependent), your spouse, and children whose coverage was cancelled.</li> <li>Cancel dental coverage for yourself and any dependents who enroll in your spouse's/parent's plan at OE.</li> </ul>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>If your spouse/parent cancels vision coverage for you, yourself, or children, you may enroll yourself (including as needed to enroll a dependent), your spouse, and children whose coverage was cancelled.</li> <li>Cancel vision coverage for yourself and any dependents who enroll in your spouse's/parent's plan at OE.</li> </ul>	<p><b>You may:</b></p> <p><b>Health Care FSA</b></p> <ul style="list-style-type: none"> <li>No changes permitted</li> </ul> <p><b>Dependent Care FSA</b></p> <ul style="list-style-type: none"> <li>Enroll/increase your contributions for the remainder of the plan year if your spouse decreases/revokes dependent care FSA election</li> <li>Decrease/Revoke your contributions if your spouse enroll/increases dependent care FSA election</li> </ul>
<ul style="list-style-type: none"> <li>You become newly eligible for the employer-sponsored plan or additional plan options</li> </ul> <p>(Including part-time to full-time, transfer to a new position, or any other employment status change that affects plan eligibility)</p>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>Enroll yourself and your eligible dependents in a plan option for which you have become newly eligible as a result of the change in employment status.</li> </ul>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>Enroll yourself and your eligible dependents in a plan option for which you have become newly eligible as a result of the change in employment status.</li> </ul>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>Enroll yourself and your eligible dependents in a plan option for which you have become newly eligible as a result of the change in employment status.</li> </ul>	<p><b>Health Care FSA</b></p> <ul style="list-style-type: none"> <li>Enroll if you became newly eligible as a result of the change in employment status</li> </ul> <p><b>Dependent Care FSA</b></p> <ul style="list-style-type: none"> <li>Enroll if you became newly eligible as a result of the change in employment status</li> </ul>





# Section 125 Cafeteria Plan

## Permitted Election Change Chart

Status Event	Medical	Dental	Vision	Flexible Spending Accounts
<p><b>Change of Residency/Moving (must affect eligibility)</b></p> <p>Coverage/Cancellation is generally effective as of the first of the month following your election change request.</p>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>Enroll in a plan option available in new location if your current plan is not</li> <li>Enroll in newly available plan option (regional HMO)</li> <li>If you are enrolled in an HMO, and your covered dependent moves, you may enroll yourself and your eligible dependents in another option that provides coverage for you and your eligible dependents</li> </ul>	<p>No impact (unless enrolled in a Dental HMO)</p>	<p>No impact</p>	<p><b>You may:</b></p> <p><b>Health Care FSA</b></p> <ul style="list-style-type: none"> <li>No changes permitted</li> </ul> <p><b>Dependent Care FSA</b> if move affects DC expenses:</p> <ul style="list-style-type: none"> <li>Enroll</li> <li>Increase/Decrease your contribution for the remainder of the plan year</li> <li>Stop participating</li> </ul>
<p><b>Enrollment in Medicare or Medicaid</b> (Employee, Spouse, or Dependent)</p>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>Cancel your, your spouse's or your dependent's coverage, as applicable</li> </ul> <p>Cancellation is generally effective as of the first of the month following your election change request</p>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>Cancel your, your spouse's or your dependent's coverage, as applicable</li> </ul> <p>Cancellation is generally effective as of the first of the month following your election change request</p>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>Cancel your, your spouse's or your dependent's coverage, as applicable</li> </ul> <p>Cancellation is generally effective as of the first of the month following your election change request</p>	<p><b>You may:</b></p> <p><b>Health Care FSA</b></p> <ul style="list-style-type: none"> <li>Decrease/Revoke your contributions for the remainder of the plan year</li> </ul> <p><b>Dependent Care FSA</b></p> <ul style="list-style-type: none"> <li>No Changes permitted</li> </ul> <p>Election change is generally effective as of the first of the month following your election change request.</p>



# Section 125 Cafeteria Plan

## Permitted Election Change Chart

Status Event	Medical	Dental	Vision	Flexible Spending Accounts
<p><b>Loss of Eligibility for Medicare or Medicaid/CHIP</b> (Employee, Spouse, or Dependent)</p>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>Enroll yourself and/or the spouse or dependent who lost Medicare/Medicaid/CHIP</li> </ul> <p><b>HIPAA Special Enrollment Event: <i>Loss of Medicaid/CHIP permits you to change medical plan options and creates a 60-day election window.</i></b></p>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>Enroll yourself and/or the spouse or dependent who lost Medicare, Medicaid, CHIP</li> </ul>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>Enroll yourself and/or the spouse or dependent who lost Medicare, Medicaid, CHIP</li> </ul>	<p><b>You may:</b></p> <p><b>Health Care FSA</b></p> <ul style="list-style-type: none"> <li>Enroll/Increase your contributions for the remainder of the plan year</li> </ul> <p><b>Dependent Care FSA</b></p> <ul style="list-style-type: none"> <li>No changes permitted</li> </ul>
<p><b>Eligibility for Medicaid/CHIP Premium Assistance</b></p>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>Enroll yourself and/or the spouse or dependent who lost Medicare /Medicaid/CHIP</li> </ul> <p><b>HIPAA Special Enrollment Event: <i>Gaining Medicaid/CHIP premium assistance eligibility permits you to change medical plan options and creates a 60-day election window.</i></b></p>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>No changes permitted</li> </ul>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>No changes permitted</li> </ul>	<p><b>You may:</b></p> <p><b>Health Care FSA</b></p> <ul style="list-style-type: none"> <li>Decrease/Revoke your contributions for the remainder of the plan year</li> </ul> <p><b>Dependent Care FSA</b></p> <ul style="list-style-type: none"> <li>No Changes permitted</li> </ul> <p>Election change is generally effective as of the first of the month following your election change request.</p>



# Section 125 Cafeteria Plan

## Permitted Election Change Chart

Status Event	Medical	Dental	Vision	Flexible Spending Accounts
<p><b>Judgment, Decree, or Court Order</b></p> <p>(Including Qualified Medical Child Support Orders and National Medical Support Notices–QMCSO/NMSN)</p>	<p><b>You must:</b></p> <ul style="list-style-type: none"> <li>Enroll yourself, and eligible dependent children covered by the judgment, decree or court order.</li> <li>Change your coverage from “EE only” to “EE + Family or Dependents”, consistent with the judgment, decree or court order</li> </ul> <p>Changes will generally be effective as of the date of the judgment, decree or court order</p>	<p><b>You must:</b></p> <ul style="list-style-type: none"> <li>Enroll yourself, and eligible dependent children covered by the judgment, decree or court order.</li> <li>Change your coverage from “EE only” to “EE + Family or Dependents”, consistent with the judgment, decree or court order</li> </ul> <p>Changes will generally be effective as of the date of the judgment, decree or court order</p>	<p><b>You must:</b></p> <ul style="list-style-type: none"> <li>Enroll yourself, and eligible dependent children covered by the judgment, decree or court order.</li> <li>Change your coverage from “EE only” to “EE + Family or Dependents”, consistent with the judgment, decree or court order</li> </ul> <p>Changes will generally be effective as of the date of the judgment, decree or court order</p>	<p><b>You may:</b></p> <p><b>Health Care FSA</b></p> <ul style="list-style-type: none"> <li>Enroll/increase contributions for the remainder of the plan year</li> </ul> <p><b>Dependent Care FSA</b></p> <ul style="list-style-type: none"> <li>No changes permitted</li> </ul> <p>Coverage is generally effective as of the first of the month following your election change request.</p>
<p><b>Pre-Tax HSA Contributions May be Changed Monthly</b></p> <p>(No Event Needed–Employer Must Allow the Change)</p>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>No changes permitted to the medical plan election (HDHP), but changes to employee HSA contribution amount permitted monthly (no event required)</li> </ul>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>No changes permitted</li> </ul>	<p><b>You may:</b></p> <ul style="list-style-type: none"> <li>No changes permitted</li> </ul>	<p><b>You may:</b></p> <p><b>Health Care FSA</b></p> <ul style="list-style-type: none"> <li>No changes permitted</li> </ul> <p><b>Dependent Care FSA</b></p> <ul style="list-style-type: none"> <li>No Changes permitted</li> </ul>



# Section 125 Cafeteria Plan Permitted Election Change Chart

## Status Event

### COBRA Events:

Employee COBRA (or state mini-COBRA) event when an employee remains eligible for the Cafeteria Plan—the employee is still on payroll receiving pay from the employer, such as:

- Reduction in work hours resulting in employee no longer eligible for benefits;

or

- Dependent reaching maximum age under group plan and employee continues coverage for dependent under COBRA (Note: Adult child's COBRA coverage will qualify for pre-tax payment only through the end of the year in which the child turns age 26)

## Medical

### You may:

- Increase employee's contribution to cover the COBRA premium rate (generally 102% of the cost of coverage)

## Dental

### You may:

- Increase employee's contribution to cover the COBRA premium rate (generally 102% of the cost of coverage)

## Vision

### You may:

- Increase employee's contribution to cover the COBRA premium rate (generally 102% of the cost of coverage)

## Flexible Spending Accounts

### You may:

#### Health Care FSA

- Increase employee's contribution to cover the COBRA premium rate (generally 102% of the cost of coverage)

#### Dependent Care FSA

- No changes permitted

# Section 125 Cafeteria Plan

## Permitted Election Change Chart

Status Event	Medical	Dental	Vision	Flexible Spending Accounts
<p><b>ACA-Related Event:</b> Reduction in Hours</p> <p><b>Note:</b> To qualify for this event, you must meet both of the following two requirements:</p> <ol style="list-style-type: none"><li>1. You must have had a change in employment status so that you will reasonably be expected to average less the 30 hours of service per week;</li></ol> <p>AND</p> <ol style="list-style-type: none"><li>2. You must enroll in another plan that provides minimum essential coverage no later than the first day of the second month following the month in which you drop coverage.</li></ol>	<p><b>You may:</b></p> <ul style="list-style-type: none"><li>• Cancel coverage</li></ul> <p>Cancellation is generally effective as of the first of the month following your election change request.</p>	<p><b>You may:</b></p> <ul style="list-style-type: none"><li>• No changes permitted</li></ul>	<p><b>You may:</b></p> <ul style="list-style-type: none"><li>• No changes permitted</li></ul>	<p><b>You may:</b></p> <p><b>Health Care FSA</b></p> <ul style="list-style-type: none"><li>• No changes permitted</li></ul> <p><b>Dependent Care FSA</b></p> <ul style="list-style-type: none"><li>• No changes permitted</li></ul>

# Section 125 Cafeteria Plan

## Permitted Election Change Chart

Status Event	Medical	Dental	Vision	Flexible Spending Accounts
<p><b>ACA-Related Event:</b> Exchange Enrollment</p> <p><b>Note:</b> To qualify for this event, you must meet either of the following two events:</p> <ol style="list-style-type: none"><li>1. If your employer plan is non-calendar year, you may drop coverage at the end of the calendar year</li></ol> <p>OR</p> <ol style="list-style-type: none"><li>2. If you experience a Special Enrollment Period (SEP) on the Exchange/Marketplace (e.g., Covered California, Healthcare.gov)</li></ol>	<p><b>You may:</b></p> <ul style="list-style-type: none"><li>● Cancel coverage</li></ul> <p>You must enroll in the Exchange/Marketplace (e.g., Covered California, Healthcare.gov) no later than the day immediately following the last day of the employer coverage being cancelled.</p> <p>Cancellation is generally effective as of the first of the month following your election change request.</p>	<p><b>You may:</b></p> <ul style="list-style-type: none"><li>● No changes permitted</li></ul>	<p><b>You may:</b></p> <ul style="list-style-type: none"><li>● No changes permitted</li></ul>	<p><b>You may:</b></p> <p><b>Health Care FSA</b></p> <ul style="list-style-type: none"><li>● No changes permitted</li></ul> <p><b>Dependent Care FSA</b></p> <ul style="list-style-type: none"><li>● No changes permitted</li></ul>

# Section 125 Cafeteria Plan

## Permitted Election Change Chart

Status Event	Medical	Dental	Vision	Flexible Spending Accounts
<p><b>ACA-Related Event:</b> "Family Glitch" Fix to Revoke Coverage for Family Members</p> <p><b>Note:</b> To qualify, you must meet both of these two requirements:</p> <ol style="list-style-type: none"><li>1. Your family member is eligible for a Special Enrollment Period (SEP) on the Exchange/Marketplace (e.g., Covered California, Healthcare.gov) or seeking to enroll in the Exchange /Marketplace during its open enrollment period;</li></ol> <p>AND</p> <ol style="list-style-type: none"><li>2. Your family member must enroll in Exchange / Marketplace coverage no later than the day immediately following the last day employer coverage is in place for the family member</li></ol>	<p><b>You may:</b></p> <ul style="list-style-type: none"><li>• Cancel coverage for the family member(s)</li></ul> <p>Cancellation is generally effective as of the first of the month following your election change request.</p>	<p><b>You may:</b></p> <ul style="list-style-type: none"><li>• No changes permitted</li></ul>	<p><b>You may:</b></p> <ul style="list-style-type: none"><li>• No changes permitted</li></ul>	<p><b>You may:</b></p> <p><b>Health Care FSA</b></p> <ul style="list-style-type: none"><li>• No changes permitted</li></ul> <p><b>Dependent Care FSA</b></p> <ul style="list-style-type: none"><li>• No changes permitted</li></ul>

# Section 125 Cafeteria Plan

## Permitted Election Change Chart

Status Event	Medical	Dental	Vision	Flexible Spending Accounts
<p><b>Change in Use of Daycare or Daycare Costs</b></p> <p>Note: Applies to any change in employee's daycare costs—including change in use of daycare, change in a daycare provider, or a change in an existing daycare provider's cost.</p> <p>Exception: This event does not apply where the cost change is imposed by a dependent care provider who is a relative of the employee.</p>	<p>You may:</p> <ul style="list-style-type: none"><li>• No changes permitted</li></ul>	<p>You may:</p> <ul style="list-style-type: none"><li>• No changes permitted</li></ul>	<p>You may:</p> <ul style="list-style-type: none"><li>• No changes permitted</li></ul>	<p>You may:</p> <p><b>Health Care FSA</b></p> <ul style="list-style-type: none"><li>• No changes permitted</li></ul> <p><b>Dependent Care FSA</b></p> <ul style="list-style-type: none"><li>• Enroll/Increase your contributions for the remainder of the plan year if you have new daycare expenses (e.g., spouse begins to work, or you acquire a new dependent with eligible expenses) or your cost of daycare increases (e.g., existing daycare increases costs, or change to a new daycare that is more expensive)</li><li>• Decrease/Revoke your contributions for the remainder of the plan year if your daycare expenses reduce or cease. For example, your dependent reaches age 13, you change to a new daycare that is more expensive, or your spouse stops working</li></ul>



# Section 125 Cafeteria Plan Permitted Election Change Chart

## Status Event

### Establishment of a Domestic Partnership:

**Note:** Plans that cover domestic partners should generally follow the same guidelines as for marriage in page 3. However, unless the domestic partner is a tax dependent, these Section 125 Cafeteria Plan rules technically do not apply because the employee pays for domestic partner coverage on an after-tax basis. *Adding a domestic partner is not a HIPAA Special Enrollment event.*

## Medical

### You may:

- Enroll yourself, your new domestic partner and any eligible dependent children
- Add your new domestic partner and any eligible dependent children to your plan
- Cancel your coverage if you enroll in your new domestic partner's group plan

Coverage/Cancellation is generally effective as of the first of the month following your election change request.

## Dental

### You may:

- Enroll yourself, your new domestic partner and any eligible dependent children
- Add your new domestic partner and any eligible dependent children to your plan
- Cancel your coverage if you enroll in your new domestic partner's group plan

Coverage/Cancellation is generally effective as of the first of the month following your election change request.

## Vision

### You may:

- Enroll yourself, your new domestic partner and any eligible dependent children
- Add your new domestic partner and any eligible dependent children to your plan
- Cancel your coverage if you enroll in your new domestic partner's group plan

Coverage/Cancellation is generally effective as of the first of the month following your election change request.

## Flexible Spending Accounts

### You may:

- Health Care FSA**
  - No changes permitted
- Dependent Care FSA**
  - No changes permitted

# Section 125 Cafeteria Plan Permitted Election Change Chart

Status Event	Medical	Dental	Vision	Flexible Spending Accounts
<p><b>Termination of Domestic Partner Coverage: (Non-Tax Dependent) Upon Request</b></p> <p>Note: Unless the domestic partner is a tax dependent, these Section 125 Cafeteria Plan rules technically do not apply because the employee pays for domestic partner coverage on an after-tax basis.</p> <p>Therefore, you may terminate your non-tax dependent domestic coverage upon request without experiencing a Section 125 permitted election change event.</p> <p>A domestic partner's tax dependent status for these purposes is determined under Internal Revenue Code §105(b). Consult your personal tax advisor for more details.</p>	<p><b>You may:</b></p> <ul style="list-style-type: none"><li>Cancel coverage for the domestic partner and domestic partner's children upon request</li></ul> <p>Cancellation is generally effective as of the first of the month following your election change request.</p>	<p><b>You may:</b></p> <ul style="list-style-type: none"><li>Cancel coverage for the domestic partner and domestic partner's children upon request</li></ul> <p>Cancellation is generally effective as of the first of the month following your election change request.</p>	<p><b>You may:</b></p> <ul style="list-style-type: none"><li>Cancel coverage for the domestic partner and domestic partner's children upon request</li></ul> <p>Cancellation is generally effective as of the first of the month following your election change request.</p>	<p><b>You may:</b></p> <p><b>Health Care FSA</b></p> <ul style="list-style-type: none"><li>No changes permitted</li></ul> <p><b>Dependent Care FSA</b></p> <ul style="list-style-type: none"><li>No changes permitted</li></ul>



# Content Disclaimer

## Section 125 Cafeteria Plan Permitted Election Change Event Chart

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# Thank you



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