

**NJ Tax\$ave**  
**Horizon MyWay®**  
**CHANGE IN STATUS FORM**



**Group Name:** STATE OF NEW JERSEY **Horizon Group Number:** 601050

- Employer Agency:**  Centralized Payroll (0001)  Legislative Group (0002)  Rutgers State University (1229)  
 NJIT - New Jersey Institute of Technology (1285)  Ramapo College (1812)  College of New Jersey (1820)  
 Thomas Edison State University (1821)  Stockton University (1822)  New Jersey City University (1823)  
 WM Patterson University (1824)  Rowan University (1825)  Montclair University (1826)  Kean University (1832)  
 New Jersey Building Authority (8005)  UNH - University Hospital (8157)  Palisade Interstate Park Commission (9910)

Employee Information (Please Print)			Spending Account ID #							
Last Name	First Name	Middle Initial	S	A						
Street Address			<b>Social Security # (if SA# is not known)</b>							
City			<b>Daytime Phone #</b>							
State										
Zip										

**Qualifying Event Information**

**I have experienced a change in status as indicated below. The effective date of change is:** \_\_\_\_\_  
(You have a limited time period to submit this change. Discuss with your benefits department to determine the time period.)

**Change affects:**  Self  Spouse  Dependent

**1. Employment Status Change**  Termination of employment  Full-time to Part-time  Leave of Absence (unpaid)  
 Commencement of employment  Part-time to Full-time  Change in work status of spouse  
 Continuation through COBRA (for Medical Expense Reimbursement Only)  Significant change in health coverage due to spouse's employment

**2. Marital Status Change**  Marriage  Legal Separation  Divorce  Widowed

**3. Dependent Status Change**  Birth  Adoption  Death

**4.  Erroneous Enrollment**

**5. Other:** \_\_\_\_\_

Due to the Qualifying Event indicated above, I am requesting that my Horizon enrollment for this plan year be changed.  
(Election amounts cannot be lowered if your employee (self) is terminating employment)

<b>From:</b>	<b>Current Annual Election</b>	
<input type="checkbox"/> Medical Expense	\$ _____	
<input type="checkbox"/> Dependent/Day Care Expense	\$ _____	
<b>To:</b>	<b>New Annual Election</b>	
<input type="checkbox"/> Medical Expense	\$ _____	
<input type="checkbox"/> Dependent/Day Care Expense	\$ _____	

Groups who submit onfile payroll information must update their onfile payroll worksheet accordingly.

**Employee Signature - Not required for terminating employees (self)**

I certify that the status change as noted above has occurred. I authorize that my enrollment records be changed or cancelled as requested.

Employee's Signature	Print Name	Date
<b>Group Signature</b>		
Group Signature	Date	

Questions? Call Group Leader Services at 1-888-215-0025.

**Send via secured email only:**  
 HorizonMyWay.Documents@Hellofurther.com

**Fax to:**  
 866-231-0214

**Mail to:**  
 PO Box 14836  
 Lexington, KY 40511