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



Group Name: STATE OF NEW JERSE	Y	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 (P	lease Print)	Spending Account ID #
	t Name Middle Initial	S A
Street Address		Social Security # (if SA# is not known)
City	itate Zip	Daytime Phone #
Qualifying Event Information		
I have experienced a change in status as indicated below. The effective date of change is:		
1. Employment Status Change Image Termination of	•	ne to Part-time 🛛 Leave of Absence (unpaid)
□ Commencement of employment □ Part-time to Fu		e 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	□ 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)		
(Election amounts cannot be lowered if your employee (sen) is	Current Annual Election	
From:	\$	
Dependent/Day Care Expense	\$	
To:	New Annual Election \$	
Dependent/Day Care Expense	\$ \$	
Groups who submit onfile payroll information must update the	·	adv
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.		
I certify that the status change as noted above has occ	urred. I authorize that my enroll	ment records be changed or cancelled as requested.
Employee's Signature	Print Name	Date
Group Signature		
Group Signature		Date
Questions? Call Group Leader Services at 1-888-215-0025.		
Send via secured email only: Fax to: Mail to:		
HorizonMyWay.Documents@Hellofurthe		

Lexington, KY 40511