



### 360 Preventative Health Plan

#### Qualifying Life Event (QLE) Request Form – Section 125 Compliance

This form is used to request a change to your participation in the Oaceus 360 Preventative Health Plan in accordance with Section 125 of the Internal Revenue Code. Changes to pre-tax benefit elections are generally only permitted during the annual open enrollment period unless a valid Qualifying Life Event (QLE) has occurred.

#### Employee Information

Full Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Last Four Digits of Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

#### Request Type

Reason for OPTING OUT (If you are not opting out, please enter N/A):

Reason for OPTING IN (If you are not opting in, please enter N/A):

#### Qualifying Life Event Information

Marriage

Divorce / Legal Separation

Birth of Child

## QUALIFYING LIFE EVENT (QLE) REQUEST FORM

- Adoption
- Death of Dependent
- Change in Employment Status
- Change in Residence Affecting Eligibility
- Loss or Gain of Other Group Health Coverage
- Other (Explain Below)

If 'Other' was selected above, please explain:

Date the Qualifying Life Event Occurred: \_\_\_\_\_

### **Description of Event**

Briefly describe the Qualifying Life Event (1-2 sentences):

### **Supporting Documentation**

Please attach documentation verifying the Qualifying Life Event (example: marriage certificate, birth certificate, termination letter, proof of new coverage, etc.). If documentation cannot be provided, HR verification below is required.

### **Universal Life Insurance Disclosure**

As part of the Oaceus 360 Preventative Health Plan, eligible employees may have been enrolled in a Universal Life Insurance policy issued by the program's carrier. While participating in the program, the premium for this policy may have been funded through the program structure and did not require an out-of-pocket premium payment from the employee. If you elect to opt out of the program, the policy may remain in force and is portable subject to the terms of the policy and carrier guidelines. The insurance carrier may contact you directly regarding continuation options. If you choose to maintain the policy, future premium payments will become your personal financial responsibility and will no longer be administered through your employer's payroll.

Employee Initials Acknowledging Universal Life Disclosure: \_\_\_\_\_

### **Section 125 Compliance Disclaimer**

By submitting this form, I am requesting a change to my participation in the Oaceus 360 Preventative Health Plan in accordance with Section 125 of the Internal Revenue Code. I understand that changes to pre-tax benefit elections are generally only permitted during the annual open enrollment period unless I experience a Qualifying Life Event as defined by

**QUALIFYING LIFE EVENT (QLE) REQUEST FORM**

IRS guidelines. I certify the information provided is true and accurate. I understand submitting false or misleading information may result in reversal of any approved change and potential tax consequences. All QLE requests are subject to verification and carrier approval.

Employee Initials Acknowledging Section 125 Disclaimer: \_\_\_\_\_

**Employee Certification**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HR Approval Section (Required if Documentation Not Attached)**

HR Manager Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

HR Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments / Verification Notes:

\_\_\_\_\_  
\_\_\_\_\_