
COMPANY NAME

**CAFETERIA COMPENSATION PLAN
STATUS CHANGE AFFIDAVIT**

PLAN YEAR:

FROM: _____

TO: _____

I, _____, a participant in my company's Cafeteria Compensation Plan, do hereby elect to change my qualified expenditures as indicated below; due to a personal status change for the above effective period. Each of the amounts indicated below are reimbursable and satisfy the requirements for a change in election under IRC Section 125 Cafeteria Compensation Plan, as described in the Plan Document.

I hereby authorize my employer to reduce my gross compensation in the amounts stated below:

	Original Annual Amount	New Annual Amount
ANNUAL PAYROLL DEDUCTIONS:		
Health Insurance Premium	\$ _____	\$ _____
Other Eligible Insurance	\$ _____	\$ _____
CAFETERIA REDUCTIONS:		
Unreimbursed Medical	\$ _____	\$ _____
Dependent Day Care	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

I am requesting this status change because of the following reason:

FORFEITURE OF UNUSED DECLARATIONS

I recognize that if at the end of the expense period the total declared reduction in compensation exceeds the substantiated expenses, the difference will be the property of the Employer.

I certify that I have examined this affidavit and to the best of my knowledge and belief, it is true, correct and complete.

Employee Signature

Social Security Number

Witness

Date