The Coffee Bean & Tea Leaf®

Benefits Change Form

Instructions For Completing Qualifying Life Event Benefits Change Form

Do not complete this form if you are enrolling in the benefits plan as a newly eligible employee or during annual Open Enrollment. Use this form only if you wish to make changes to your benefits mid-year due to a Qualifying Life Event.

In order to make changes to your benefits mid-year, you must:

- Experience a Qualifying Life Event, as Defined by the Internal Revenue Service (IRS)

And

- Submit the Qualifying Life Event Change form, **along with all supporting documentation**, to Benny's Café no later than 31 days after experiencing the Qualifying Life Event.

Even though you have 31 days to make changes to your benefits, we strongly urge to submit the documentation as soon as possible after experiencing the Qualifying Life Event.

Examples of Qualifying Life Events include, but are not limited to:

- Birth or adoption of a child(ren)
- Marriage, divorce or legal separation
- Death of a spouse, child, or domestic partner
- Spouse/domestic partner gaining or losing employer-provided benefits coverage

If you are not sure if your change constitutes a Qualifying Life Event, contact Benny's Café at 1-888-873-8326 and a customer service representative can assist you.

Coverage changes you make pursuant to a Qualifying Life Event will become effective on the first day of the month following the event, except for coverage changes for newborn children. Coverage for newborn children is effective as of the child's date of birth.

Mid-Year Benefits Change Form Due to Experiencing a Qualifying Life Event

Complete all the relevant sections and fax signed copy to Benny's Café at 1-888.873-8326. You must provide supporting documentation with this form. For a list of what supporting documentation is required, visit http://www.bennyscafe.com/life_events.php. If you do not provide supporting documentation, your request will not be processed. If you provide incomplete documentation, A Benny's Café customer service representative will contact you to let you know what is missing or incomplete. In either situation, the 31 day rules for filing a complete application still applies and will not be extended under any circumstances.

Part 1: General Information		
First Name:	Last Name:	
Address:		
Social Security #:	Team Member ID #:	Phone #:
E-mail address :		

Part 2: Describe the Qualifying Life Event. I have experienced the following qualifying life event:	
I became a parent due to the birth of my biological child(ren), adoption, or through legal guardianship. *(specify which)*	
☐ Birth of my Biological Child ☐ Adoption ☐ Legal Guardianship	Date of Event:
My marital status changed due to marriage, divorce, or legal separation. *(specify which)*	
☐ Marriage ☐ Divorce ☐ Legal Separation	Date of Event:
I entered into, or terminated, a domestic partner relationship. *(specify which)*	
☐ Entered into a Domestic Partnership ☐ Terminated a Domestic Partnership	Date of Event:
My spouse or domestic partner gained, or lost, employer-provided benefits. *(specify which)*	
☐ Spouse/Partner Gained EP Benefits ☐ Spouse/Partner Lost EP Benefits	Date of Event:
My spouse, child or domestic partner died. *(specify who)*	
☐ Spouse ☐ Child ☐ Domestic Partner	Date of Event:
Other Life Event.	
Please specify including the date of the event:	

Part 3: I want to make the following changes to my benefits because of the above-referenced Qualifying Life Event

A. I want to add the dependent(s) listed below:

First Name:	Last Name:	MI:
Gender: ☐ Male ☐ Female	SSN:	Date of Birth:
First Name:	Last Name:	MI:
Gender: ☐ Male ☐ Female	SSN:	Date of Birth:
First Name:	Last Name:	MI:
Gender: ☐ Male ☐ Female	SSN:	Date of Birth:
First Name:	Last Name:	MI:
Gender: ☐ Male ☐ Female	SSN:	Date of Birth:

to my existing (check all that apply):

☐ Medial Benefit Plan ☐ Dental Benefit Plan ☐ Vision Benefit Plan	Date of Event:

B. I want to remove the dependent(s) listed below:

First Name:	Last Name:	MI:
Gender: ☐ Male ☐ Female	SSN:	Date of Birth:
First Name:	Last Name:	MI:
Gender: ☐ Male ☐ Female	SSN:	Date of Birth:
First Name:	Last Name:	MI:
Gender: ☐ Male ☐ Female	SSN:	Date of Birth:
First Name:	Last Name:	MI:
Gender: ☐ Male ☐ Female	SSN:	Date of Birth:

from my existing (check all that apply):

☐ Medial Benefit Plan ☐ Dental Benefit Plan ☐ Vision Benefit Plan	Date of Event:

C. I want to change the amount I contribute to my Medical Flexible Spending Plans (check only one box):

☐ I want to join the Medical FSA plan. I elect to contribute ___________ during the current plan year.

☐ I want to increase my annual contribution to my Medical FSA. I want my new annual election to be $_______________

☐ I want to decrease my annual contribution to my Medical FSA. I want my new annual election to be $________________

☐ I want to discontinue contributing to my Medical FSA.

Part 3: Continued ...
D. I want to change the amount I contribute to my Dependent Care Flexible Spending Plans (check only one box):
☐ I want to join the Dependent Care FSA plan. I elect to contribute ________ during the current plan year.
☐ I want to increase my annual contribution to my Dependent Care FSA. I want my new annual election to be $____________
☐ I want to decrease my annual contribution to my Dependent Care FSA. I want my new annual election to be $____________
☐ I want to discontinue contributing to my Dependent Care FSA

Important information regarding making changes to your FSA elections:
When you make changes to your annual FSA election due to a qualifying life event, the increase, or decrease, in the election will be taken over the remaining pay periods remaining in the plan year (which runs from April 1st through March 31st each year).

Review the following example to learn more about how this works:

Original Medial FSA election prior to qualifying life event:	**$1,300 per plan year**
Per pay FSA payroll deduction:	**$50 per pay**
New FSA election:	**$1,625 per plan year**
Date change processed:	**October 1st, 2010**
Number of pay periods remaining post-election change	**13**

New Medical FSA deduction per pay:

1) New election minus FSA deductions taken plan year to date:
   a. **$1,625 minus $650 = $975**

2) New per pay FSA deduction:
   a. Remaining balance spread over remaining pay periods:
   b. **$975 divided by 13 = $75**

Be advised that making even relatively small increases to your FSA contributions late in the plan year can result in very large per-pay FSA deductions.

Part 4: Document Requirements for Qualifying Events

Check if Attached	Qualifying Event	Documentation Requirement
☐	Marital status change	Copy of marriage certificate, last page of annulment, separation, or divorce decree
☐	Birth of a child	Copy of certificate from hospital stating mother's name, hospital, and date of birth, or birth certificate
☐	Adoption/Legal guardianship	Copy of document showing adoption/legal guardianship
☐	Loss of coverage	Copy of certificate of coverage showing the date coverage ended
☐	Acquiring new coverage	Proof of coverage showing effective date
☐	Court-ordered child support	Copy of the court order with date and court signature
☐	Other	Call the Benefits Department at 888.873.8326

Part 5: Certification

I certify that the statements I have made on this form are true, and that the supporting documents I have provided are authentic. I authorize Coffee Bean & Tea Leaf to make the necessary adjustments to my payroll deductions to accommodate the benefit coverage changes I have requested.

Signature   Date