UNIVERSITY OF VIRGINIA HEALTH PLAN
MID-YEAR QUALIFYING EVENT AFFIDAVIT

I, ______________________, swear and affirm under penalty of perjury that I am making this change to my UVA Health Plan enrollment election on account of ____________________________________________________________,

___________________________________________________________________________________________,

a qualifying mid-year change in status event under Section 125 of the Internal Revenue Code of 1986, as amended, which occurred on ___________[date]. The change to my enrollment election is consistent with the change in status event. I understand that misrepresenting the reason for this change in enrollment could result in legal or financial penalty, including income tax penalties.

Signed: _______________________________________

Acknowledged, subscribed and sworn to before me on____________________

by__________________________________________________________.

Notary Public:___________________________________________

My Commission Expires:_____________________________________

Return the notarized completed form to the UHR Office of University Benefits at 914 Emmet Street, P.O. Box 400127, Charlottesville, VA 22904-4127 or by fax at (434) 924-4486. Forms may be notarized at UHR.