

**Williams College
Medical Expense Reimbursement Account (MERA)
Change in Family Status Form**

Please print clearly.

Name: _____

Employee ID #: 99_____

Date of the change in family status: _____ / _____ / _____

Describe the change in family status: _____

Describe your medical expense needs after the change in family status: _____

Because of this change in family status (*check one*):

_____ I wish to stop contributions to my MERA account.

_____ I wish to establish a MERA account. (*see * below*)

_____ I wish to change the amount currently being put into my MERA account. (*see * below*)

** You must also complete a new Enrollment Form and submit it with this form.*

I certify the above information is true and that the change I am making in my plan participation is on account of and is consistent with the change in my family status. My change in plan participation complies with the requirements of the plan as described in Section VI: **Changes in Family Status**.

Note: The plan administrator must determine whether the requested change is permissible under the plan.

Signature: _____ Date: _____