

# FlexAmerica

## Status Change Form

You may make a new spending account election or change/cancel your current spending account election if you experience a qualified status change event. Please complete this form and submit it to your Human Resources department within **30 days** of your status change. Your election change must be consistent with the status change event (for example, changing your Healthcare Spending Account election is inconsistent with a change in day care provider). Qualified status change events include (but are not limited to):

- Marriage
- Divorce / Legal separation
- Birth, death, adoption (or placement for adoption) of a dependent
- Death of your spouse or a dependent
- Change in the eligibility status of a dependent
- Termination or commencement of your spouse's employment
- Change in benefit eligibility due to you or your spouse moving from part-time to full-time employment (or vice versa)
- You or your spouse taking an unpaid leave of absence
- A change in day care provider
- An increase or decrease in the fees charged by a day care provider who is not related to you

See your Summary Plan Description for additional information on qualified status events and election changes.

To request a change, complete parts 1 through 4 below. Unclear or incomplete information will result in processing delays.

**NOTE: If the per pay amount is changed to ZERO (\$.00) the account will be considered terminated for claims incurred after the change effective date.**

<p><b>1. Enter the following information (please print clearly).</b></p> <p>Employer _____</p> <p>Employee Name _____</p> <p>Social Security Number _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p>	<p><b>2. Enter the following dates (<u>required</u> for processing).</b></p> <p>Election Effective Date _____</p> <p><i>Enter the later of:</i>            1) The actual date of the event OR 2) the date this form is signed. (For a birth, adoption or placement for adoption, enter the actual date of event if you are submitting an election change within 30 days of the event.)</p> <p>Pay Effective Date _____</p> <p>Enter the first pay date to include the new or changed pay period deduction.  <b>Human Resources will verify this date on the current payroll schedule.</b></p>
---	---

**Enter your election changes. CALCULATION FOR CHANGE (NEW ANNUAL ELECTION (–) MINUS CURRENT DEDUCTIONS (I) DIVIDED BY REMAINING PAYS = NEW PER PAY DEDUCTION AMOUNT**

Spending Account	New per pay period deduction (Enter "0" if canceling election)	New annual election (Enter "0" if canceling election)	Last pay date of old deduction (Enter only if canceling)
Healthcare Spending			
Dependent Care Spending			

Optional Account (May not apply to all employers)	New per pay period deduction (Enter "0" if canceling election)	New annual election (Enter "0" if canceling election)	Last pay date of old deduction (Enter only if canceling)
Premium Reimbursement			
Health Reimbursement			
Parking Reimbursement *			
Transit Reimbursement *			

\* Qualified status change event not required; monthly election changes allowed.

**4. Read the following and sign / date.**

I have completed this form within 30 days of the change in status event, and my requested election change is consistent with my status change event. I understand that retroactive election changes are not allowed except in the event of a birth or adoption (or placement for adoption). I certify that the above information is true and correct, and I agree to provide any necessary third-party documentation to verify my change in status.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

HR DEPT:       Approved       Denied

HR Representative Initials: \_\_\_\_\_

\*\*\*\*\* PLEASE SUBMIT THIS FORM TO YOUR BENEFITS DEPARTMENT TO ENSURE CHANGES ARE UPDATED AS REQUESTED\*\*\*\*\*