



## FLEXIBLE SPENDING ARRANGEMENT EMPLOYEE "CHANGE IN STATUS" FORM

### Section I – Employee Information

Last Name, First Name	Employee SSN	Company Code
_____	_____	_____
Address		City
<input type="checkbox"/> Address Change		St
		Zip
DOB	Email	Day Phone
_____	_____	_____
		<b>EFFECTIVE DATE</b>

**BENNY CARD HOLDERS PLEASE NOTE:** Upon termination, your Benny Card will be turned off and you may submit claims for reimbursement via the manual claim form only.

#### Instructions

1. Complete Section I — Employee Information. Fill this section out completely to ensure proper enrollment.
2. Complete Section II — Change in Status. Fill this section out indicating the qualifying event (please note: documentation is required).
3. Complete Section III — Elections. Indicate your new election amounts.
4. Complete Section IV — Signature. Return the enrollment form to the appropriate contact.

### Section II – Change In Status (Check the box that applies)

- Marriage
- Divorce, Legal Separation or Annulment
- Birth, adoption or placement for adoption of a child
- Death of my spouse and/or dependent
- Termination or commencement of employment by my spouse or dependent
- Switching from/to part-time employment on the part of me or my spouse, or dependent or reduction in hours, strike or lockout
- My dependent satisfies or ceases to satisfy the requirements for coverage
- Other \_\_\_\_\_

### Section III – Change of Election

HCFSA: \_\_\_\_\_ x \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
           New Per       # of paychecks    YTD               New Annual  
           Paycheck       remaining       Contributed       Election

DCFSA: \_\_\_\_\_ x \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
           New Per       # of paychecks    YTD               New Annual  
           Paycheck       remaining       Contributed       Election

Notes \_\_\_\_\_

### TERMINATION / UNPAID LEAVE OF ABSENCE

- \_\_\_ HCFSA:
- \_\_\_ Accelerate contributions from last paycheck to continue participation on a pre-tax basis.
  - \_\_\_ Continue contributions and participation to plan year-end on an after tax basis.
  - \_\_\_ Arrange a schedule to "catch up" payments upon return. (Note: applies only to FMLA leave and requires PRIOR employer approval. You will not be able to claim expenses incurred during leave UNLESS you make arrangements with your employer BEFORE going on leave.) This option not available in the fourth quarter of any year.
  - \_\_\_ Terminate contributions and participation. (For FMLA leave: Upon return you may resume the same deductions (automatically decreases election) or increase deductions to maintain your annual election. All expenses incurred during leave are ineligible for reimbursement).
- \_\_\_ DCFSA: Terminate contributions and allow reimbursement for eligible expenses. (Note: only expenses incurred while gainfully employed or active search of gainful employment will be reimbursed).

### Section IV – Signature

Employee's Signature X	Date
_____	_____
Employer's Signature X	Date
_____	_____

**\*\*\*Important:** Change in Status can vary based on situational facts. For example, loss of spouse's job may allow increase but not decrease in election. Please contact Flex-Plan Services directly for more information or to answer questions about a specific situation.

## CHANGE OF ELECTION DUE TO CHANGE IN STATUS (PER IRS REGULATIONS)

The regulations permit a participant to **revoke** an existing election and to make a new election for the remaining portion of the year due to certain events (“Change in Status Elections”).

**1. Cost Changes:** If the cost of a health plan provided by a third party provider increases or decreases, the plan may automatically increase or decrease participant’s contributions (Premium Conversion Only). If the cost of providing Day care changes outside of the participant’s control the participant may make a new election for the Day Care Flexible Spending Arrangement. Cost changes do not apply to Health FSAs.

**2. Coverage Changes:** If the coverage under a health plan is curtailed or ceases, the participants may revoke their elections and receive coverage under another health plan (Adjust the premiums only- **not** the Medical Reimbursement Arrangements- consistent with the change in coverage). A change in provider or in hours of Day care may allow for a Day Care FSA change.

**3. Changes in Status (SUBJECT TO Consistency Rules as defined in #4):** A participant may revoke a benefit election and make a new election for the remaining portion of the plan year. Examples are:

- a) Marriage, divorce, legal separation, or annulment.
- b) Change in number of dependents, including birth, adoption, placement for adoption, or death of a dependent (includes spouse).
- c) Change in work schedule, including an increase or decrease in the number of hours of employment by the employee, spouse or dependent, including a switch between full-time and part-time status, a strike or lockout, or commencement or return from an unpaid leave of absence.
- d) The dependent satisfies or ceases to satisfy the requirements for unmarried dependents. An event that causes an employee’s dependent to satisfy or cease to satisfy the requirements for coverage due to attainment of age, student status or any similar circumstances as provided under the accident or health plan under which the employee receives coverage.
- e) A change in the place of residence or work site of the employee, spouse, or dependent.

**4. CONSISTENCY RULES:** The flex plan election changes must be consistent with the change in status. The change in status must result in the employee, spouse, or dependent gaining or losing eligibility for coverage under the employee’s flex plan or the health plan of the spouse’s or dependent’s employer. **In addition, the election change must correspond with the gain or loss of that coverage.**

**5. Separation from Service:** If the employee revokes existing elections and terminates the receipt of benefits for the remainder of the plan year, then the employee is **prohibited** from making new elections should they return to service.

**6. Cessation of Required Contributions:** A benefit will cease to be provided if the employee fails to make the required premium payments with respect to the benefit.

**IMPORTANT –Employer is required to offer continuation of coverage under a healthcare flexible spending Arrangement only when the healthcare flexible spending Arrangement is under spent**

Fax completed form and documentation to:  
FAX: (425) 709-7125 or toll-free (866) 831-6222

Email:  
105@flex-plan.com

Mail forms and documentation to: Flex-Plan Services, Inc.  
PO Box 53250 Bellevue, WA 98015-3250

Customer Service Line: (425) 452-3421 or (866) 897-1996

Visit our Web site at [www.flex-plan.com](http://www.flex-plan.com)