Change in Status Form

Check the appropriate boxes that apply.

Status Change

- ☐ Marriage
- ☐ Divorce
- ☐ Legal Separation
- ☐ Birth
- ☐ Adoption
- ☐ Death of Dependent
- ☐ Employment
- ☐ Termination of Spouse's Employment
- ☐ Loss of Dependent Status
- ☐ Change in Day Care Provider (Can only affect a change in FSA Dependent Care Account)
- ☐ Other

*For HRA MSP reporting requirement: If the participant/spouse is 45 years or older and/or on Medicare, please provide the employee's spouse and dependent information on the Dependent Form and forward both completed forms to Flex for processing.

HRA Status

Previous Status

☐ Employee Only ☐ Employee plus one ☐ Family ☐ Other

New Status

☐ Employee Only ☐ Employee plus one ☐ Family ☐ Other

Effective Date _____

FSA Status

Health Care FSA

Previous Election Amount _____ New Election Amount _____

Dependent Care FSA

Previous Election Amount _____ New Election Amount _____

Limited Purpose FSA

Previous Election Amount _____ New Election Amount _____

Effective Date: _____

1st Payroll Date with New Deductions: _____

Acknowledgement and Signature

Employee Name: _____ SSN: _____

Company Name: _____

Plan Administrator Name: _____

Plan Administrator Signature: _____ Date: _____

Notification of Change in Status must be provided within 30 days of the Change in Status effective date. Please notify Flex as quickly as possible to avoid any potential overpayments due to the change in status.

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