



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

### Section I – Employee Information

Last Name, First Name	Employee SSN	Company Code
_____	_____	BOI
Address _____ City _____ St _____ Zip _____		
<input type="checkbox"/> Address Change		
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)

<input type="checkbox"/>	Marriage
<input type="checkbox"/>	Divorce, Legal Separation or Annulment
<input type="checkbox"/>	Birth, adoption or placement for adoption of a child
<input type="checkbox"/>	Death of my spouse and/or dependent
<input type="checkbox"/>	Termination or commencement of employment by my spouse or dependent
<input type="checkbox"/>	Switching from/to part-time employment on the part of me or my spouse, or dependent or reduction in hours, strike or lockout (affecting eligibility)
<input type="checkbox"/>	My dependent satisfies or ceases to satisfy the requirements for coverage
<input type="checkbox"/>	Other _____

### Section III – Change of Election

HCFSA:	_____ x _____	+ _____	= _____
	New Per Paycheck	# of paychecks remaining	YTD Contributed = New Annual Election
DCFSA:	_____ x _____	+ _____	= _____
	New Per Paycheck	# of paychecks remaining	YTD Contributed = New Annual 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.)
- \_\_\_ 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 _____

## 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 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:** 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, 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**