



CHANGE OF STATUS FORM FOR EMPLOYEE

Qualifying event to warrant a change includes:

Marriage, Death, Divorce, Legal Separation, Birth, Adoption of a Child or Change in Employment Status.

Guidelines for Qualifying Events (Excluding Terminations):

The participant has 30 days from the effective date of the event to make a change.

The participant can increase, decrease, stop or start their election.

I. Account Holder Profile Information

First Name:	Last Name:	SSN:
Date of Birth:	Email Address:	
Mailing Address Line 1:		
Mailing Address Line 2:		
City:	State:	Zip:
Home Phone:		Cell Phone:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	Employer:

II. Qualifying Event Information

Qualifying Event:	
Date of Event:	Date of Submission:




III. Election Changes

Medical Flexible Spending Account:		
Current	Employee Annual Election: \$ _____	Per Pay Period Election: \$ _____
New	Employee Annual Election: \$ _____	Per Pay Period Election: \$ _____
Dependent Care Account:		
Current	Employee Annual Election: \$ _____	Per Pay Period Election: \$ _____
New	Employee Annual Election: \$ _____	Per Pay Period Election: \$ _____

IV. Authorization

I authorize the above changes to my medical and/or dependent care reimbursement account elections.	
Signature _____	Date _____
**Please be sure to return this form to your employer for approval. **	

Contact Customer Service: Monday – Friday 8:30am-5:00pm EST

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