



Change in Status Form

Check the appropriate boxes that apply.

- Marriage
- Divorce
- Legal Separation
- Birth
- Adoption
- Death of Dependent
- Employment
- Termination of Spouse's Employment
- Loss of Dependent Status

HRA

Previous Status

- Employee Only
- Employee plus One
- Family

New Status

- Employee Only
- Employee plus One
- Family

Effective Date _____

I hereby elect to change the above as a result of my qualified change in status:

Print Name

Date

Employee Signature

Social Security Number

Company Name

Plan Administrator Name

Plan Administrator Signature

Please return this form within 30 days of Change in Status to:



FlexHRA is a registered mark of Flexible Benefit Service Corporation
HRA-Change in Status-08.08

Flexible Benefit Service Corporation - DC Department
10275 W. Higgins Rd., Suite 500, Rosemont, IL 60018
866-472-0882 – Fax (847) 440-9100
Email: dcinfo@flexiblebenefit.com