



Additions and Terminations

Please keep Flex informed of any changes immediately. Please allow 5 to 7 business days for processing. Flex will not be held responsible for over-payments.

Employer Name: _____

| | | | | | | | |
|---------------------------------------|----------------------------------|------------------------------------|---|--|--|---|---|
| Employee Name: _____ | Social Security No.: _____ | Date of Birth: _____ | Status: <input type="checkbox"/> Addition | Effective Date: _____ | <input type="checkbox"/> Termination of Employment | Effective Date: _____ | |
| | | | | <i>(If benefit termination date is other than employment termination date, please indicate here)</i> | | → <input type="checkbox"/> Termination of Benefit | |
| Address: _____ | | City: _____ | State: _____ | Zip: _____ | Phone: _____ | Email: _____ | |
| Plan (Check All that Apply) | <input type="checkbox"/> Medical | <input type="checkbox"/> Dental | <input type="checkbox"/> Life | <input type="checkbox"/> Vision | <input type="checkbox"/> FSA | <input type="checkbox"/> FSA Limited | <input type="checkbox"/> Dependent Care |
| Pay Period Deduction | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Pay Period Frequency | <input type="checkbox"/> Weekly | <input type="checkbox"/> Bi-Weekly | <input type="checkbox"/> Semi-Monthly | <input type="checkbox"/> Monthly | | | |
| First / Last Payroll Deduction (Date) | _____ | | Date of Hire (Additions Only): _____ | | | | |

| | | | | | | | |
|---------------------------------------|----------------------------------|------------------------------------|---|--|--|---|---|
| Employee Name: _____ | Social Security No.: _____ | Date of Birth: _____ | Status: <input type="checkbox"/> Addition | Effective Date: _____ | <input type="checkbox"/> Termination of Employment | Effective Date: _____ | |
| | | | | <i>(If benefit termination date is other than employment termination date, please indicate here)</i> | | → <input type="checkbox"/> Termination of Benefit | |
| Address: _____ | | City: _____ | State: _____ | Zip: _____ | Phone: _____ | Email: _____ | |
| Plan (Check All that Apply) | <input type="checkbox"/> Medical | <input type="checkbox"/> Dental | <input type="checkbox"/> Life | <input type="checkbox"/> Vision | <input type="checkbox"/> FSA | <input type="checkbox"/> FSA Limited | <input type="checkbox"/> Dependent Care |
| Pay Period Deduction | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Pay Period Frequency | <input type="checkbox"/> Weekly | <input type="checkbox"/> Bi-Weekly | <input type="checkbox"/> Semi-Monthly | <input type="checkbox"/> Monthly | | | |
| First / Last Payroll Deduction (Date) | _____ | | Date of Hire (Additions Only): _____ | | | | |

| | | | | | | | |
|---------------------------------------|----------------------------------|------------------------------------|---|--|--|---|---|
| Employee Name: _____ | Social Security No.: _____ | Date of Birth: _____ | Status: <input type="checkbox"/> Addition | Effective Date: _____ | <input type="checkbox"/> Termination of Employment | Effective Date: _____ | |
| | | | | <i>(If benefit termination date is other than employment termination date, please indicate here)</i> | | → <input type="checkbox"/> Termination of Benefit | |
| Address: _____ | | City: _____ | State: _____ | Zip: _____ | Phone: _____ | Email: _____ | |
| Plan (Check All that Apply) | <input type="checkbox"/> Medical | <input type="checkbox"/> Dental | <input type="checkbox"/> Life | <input type="checkbox"/> Vision | <input type="checkbox"/> FSA | <input type="checkbox"/> FSA Limited | <input type="checkbox"/> Dependent Care |
| Pay Period Deduction | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Pay Period Frequency | <input type="checkbox"/> Weekly | <input type="checkbox"/> Bi-Weekly | <input type="checkbox"/> Semi-Monthly | <input type="checkbox"/> Monthly | | | |
| First / Last Payroll Deduction (Date) | _____ | | Date of Hire (Additions Only): _____ | | | | |

Invoices are issued by the 10th of each month and the billing period is one month in advance. Additions and terminations received by the 1st of the month will be reflected on the following month's invoice. (i.e. Changes submitted by October 1st will be reflected on the November invoice.)

Signature of Plan Administrator: _____ Date: _____

