



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: _____	
				(If benefit termination date is other than employment termination date, please indicate here)	→	<input type="checkbox"/> Termination of Benefit	Effective Date: _____
Address: _____		City: _____	State: _____	Zip: _____	Phone: _____	Email: _____	
HRA Plan (Check All that Apply)		<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee + 1	<input type="checkbox"/> Family	<input type="checkbox"/> Other		
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: _____	
				(If benefit termination date is other than employment termination date, please indicate here)	→	<input type="checkbox"/> Termination of Benefit	Effective Date: _____
Address: _____		City: _____	State: _____	Zip: _____	Phone: _____	Email: _____	
HRA Plan (Check All that Apply)		<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee + 1	<input type="checkbox"/> Family	<input type="checkbox"/> Other		
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: _____	
				(If benefit termination date is other than employment termination date, please indicate here)	→	<input type="checkbox"/> Termination of Benefit	Effective Date: _____
Address: _____		City: _____	State: _____	Zip: _____	Phone: _____	Email: _____	
HRA Plan (Check All that Apply)		<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee + 1	<input type="checkbox"/> Family	<input type="checkbox"/> Other		
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:** _____

