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# Change in Status Form

Please follow the steps below to thoroughly and accurately complete this form.  
Check the appropriate boxes that apply.

### Step 1: Status

- Marriage
- Divorce
- Legal Separation
- Birth
- Adoption
- Death of Dependent
- Employment
- Termination of Spouse's Employment
- Loss of Dependent Status
- Change in Day Care Provider (Can only affect a change in Dependant Care Account)

### Step 2: Election Amounts

#### FSA

Previous Election Amount \_\_\_\_\_ Per Pay Period  
 New Election Amount \_\_\_\_\_ Per Pay Period

#### Major Medical

Previous Election Amount \_\_\_\_\_ Per Pay Period  
 New Election Amount \_\_\_\_\_ Per Pay Period

#### Dependent Care

Previous Election Amount \_\_\_\_\_ Per Pay Period  
 New Election Amount \_\_\_\_\_ Per Pay Period

#### Dental

Previous Election Amount \_\_\_\_\_ Per Pay Period  
 New Election Amount \_\_\_\_\_ Per Pay Period

#### Health Plan FSA (Limited Scope)

Previous Election Amount \_\_\_\_\_ Per Pay Period  
 New Election Amount \_\_\_\_\_ Per Pay Period

#### Vision

Previous Election Amount \_\_\_\_\_ Per Pay Period  
 New Election Amount \_\_\_\_\_ Per Pay Period

Effective Date: \_\_\_\_\_

1<sup>st</sup> Payroll Date with New Deductions: \_\_\_\_\_

### Step 3: Acknowledgement and Signature

I hereby elect to change the following contributions as a result of my change in status:

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Plan Administrator Name: \_\_\_\_\_

Plan Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form within 30 days of Change in Status to Flexible Benefit Service Corporation.**