

## Contact Us Today!

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## **Additions and Terminations Form**

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.

Status:   Addition Effective Date:     Termination of Employment Effective Date:	Employee Name:	SSN:	[	Date of Birth:
Address:	Status: Addition Effective Date:	Termination of Employme	nt Effective Dat	e:
Phone Number:	(If benefit termination date is other than employment termination	on date, please indicate here) <i>Termination of Bene</i>	fit Effective Dat	e:
MRP Plan (check all that apply)*:   Employee Only   Family   Other      Date of Hire (additions only):   Employee Name:   SSN:   Date of Birth:   Status:   Addition Effective Date:   Termination of Employment Effective Date:   Address:   State:   Zip Code:	Address:	City:	_ State:	Zip Code:
Date of Hire (additions only):  Employee Name:    SSN:	Phone Number:	Email Address:		
Employee Name: SSN: Date of Birth: Status:   Addition Effective Date:   Termination of Employment Effective Date:   Termination of Employment Effective Date:   Termination of Benefit Effective Date:   Termination of Employment Effective Date:   Termination of Employment Effective Date:   Termination of Benefit Effective Da	MRP Plan (check all that apply)*:	☐ Family ☐ Other		
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Address:	Status:   Addition Effective Date:	🗌 Termination of Employme	nt Effective Dat	e:
Phone Number: Email Address: Email Address: MRP Plan (check all that apply)*:   Employee Only   Family   Other    Date of Hire (additions only): SSN: Date of Birth: SSN: SSN: Date of Birth: SSN: Date of Birth: SSN: Date of Birth: SSN: Date of Birth: SSN: SSN: SSN: SSN: Date of Birth: SSN:	(If benefit termination date is other than employment termination	on date, please indicate here) Termination of Bene	fit Effective Dat	e:
MRP Plan (check all that apply)*:	Address:	City:	_ State:	Zip Code:
Date of Hire (additions only):  Employee Name:  Status:  Addition Effective Date:  (If benefit termination date is other than employment termination date, please indicate here) Termination of Benefit Effective Date:  Address:  City:  State:  Zip Code:  Phone Number:  Email Address:  MRP Plan (check all that apply)*:  Employee Only  Family  Other  Date of Hire (additions only):  Invoices are issued by the 10 <sup>th</sup> of each month and the billing period is one month in advance. Additions and terminations received by the 1st the month will be reflected on the following month's invoice. (i.e. Changes submitted by October 1st will be reflected on the November proces.)				
Employee Name: SSN: Date of Birth: Status: Addition Effective Date: Termination of Employment Effective Date: (If benefit termination date is other than employment termination date, please indicate here) Termination of Benefit Effective Date: Address: City: State: Zip Code: Phone Number: Email Address: Email Address: Other Date of Hire (additions only): Family Other Date of Hire (additions only): Phone Number is success are issued by the 10th of each month and the billing period is one month in advance. Additions and terminations received by the 1st the month will be reflected on the following month's invoice. (i.e. Changes submitted by October 1st will be reflected on the November procice.)	Phone Number:	Email Address:		
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Status: Addition Effective Date:	MRP Plan (check all that apply)*:	☐ Family ☐ Other		
(If benefit termination date is other than employment termination date, please indicate here) Termination of Benefit Effective Date:  Address: City: State: Zip Code:  Phone Number: Email Address:  MRP Plan (check all that apply)*: Employee Only Family Other  Date of Hire (additions only):  twoices are issued by the 10 <sup>th</sup> of each month and the billing period is one month in advance. Additions and terminations received by the 1 <sup>st</sup> fthe month will be reflected on the following month's invoice. (i.e. Changes submitted by October 1st will be reflected on the November twoice.)	MRP Plan (check all that apply)*:	☐ Family ☐ Other		
Address: City: State: Zip Code:  Phone Number: Email Address:  MRP Plan (check all that apply)*: Employee Only Family Other  Date of Hire (additions only):  proices are issued by the 10 <sup>th</sup> of each month and the billing period is one month in advance. Additions and terminations received by the 1 <sup>st</sup> the month will be reflected on the following month's invoice. (i.e. Changes submitted by October 1st will be reflected on the November proice.)	MRP Plan (check all that apply)*:	☐ Family ☐ Other		
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MRP Plan (check all that apply)*: Employee Only Family Other  Date of Hire (additions only):  provices are issued by the 10 <sup>th</sup> of each month and the billing period is one month in advance. Additions and terminations received by the 1 <sup>st</sup> the month will be reflected on the following month's invoice. (i.e. Changes submitted by October 1st will be reflected on the November twoice.)	MRP Plan (check all that apply)*:	☐ Family ☐ Other  ———————————————————————————————————	nt Effective Dat	Date of Birth:e:
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lan Administrator Signature: Date:	MRP Plan (check all that apply)*:	SSN: SSN: on date, please indicate here) Termination of Benegative Email Address: Email Address:	nt Effective Dat fit Effective Dat State:	Date of Birth: e: e: Zip Code:
	MRP Plan (check all that apply)*:	Family Other  SSN: SSN:  Termination of Employme on date, please indicate here) Termination of Beneral Address:  Email Address:  Family Other  billing period is one month in advance. Addi	nt Effective Dat fit Effective Dat State:	Date of Birth:e:

FLEX Flexible Benefit Service Corporation 8700 W. Bryn Mawr Avenue, Suite 1010S, Chicago, IL 60631

\*If electing or changing to Family Coverage, please complete the FlexMRP Dependent Form and submit with this form.