

HRA 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

- | | |
|---|---|
| <input type="checkbox"/> Marriage* | <input type="checkbox"/> Death of Dependent |
| <input type="checkbox"/> Divorce* | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Legal Separation | <input type="checkbox"/> Termination of Spouse's Employment |
| <input type="checkbox"/> Birth* | <input type="checkbox"/> Loss of Dependent Status |
| <input type="checkbox"/> Adoption* | <input type="checkbox"/> Other |

*MSP reporting requirement: If the participant/spouse is 45 years or older and/or on Medicare, please provide the employee's spouse and dependent information on the Dependent Form and forward both completed forms to Flex for processing.

Step 2: HRA Status

Previous Status

- ☐ Employee Only ☐ Employee plus one ☐ Family

New Status

- ☐ Employee Only ☐ Employee plus one ☐ Family

Effective Date _____

Step 3: Acknowledgement and Signature

Employee Name: _____ SSN: _____

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.



GO PAPERLESS!

You can login to your account at flexiblebenefit.com and manage eligibility transactions online without needing to complete any paper forms. Get started today!

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