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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

\*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

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.**