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www.myflexinfo.com

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.

Employer Name: _____

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: _____

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: _____

(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): _____

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: _____

MRP Plan (check all that apply)*: Employee Only Family 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.)

Plan Administrator Signature: _____ Date: _____

Please send all completed forms and documentation to Flexible Benefit Service Corporation.

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