

## Contact Us Today!

www.myflexlogin.com

## **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		
•	□ Death of December	
☐ Marriage*	☐ Death of Dependent	
☐ Divorce*	☐ Employment	
☐ Legal Separation	☐ Termination of Spouse's Employment	
☐ Birth*	☐ Loss of Dependent Status	
☐ Adoption*		
*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:	S:	SN:
Employee Signature:	D	pate:
Company Name:		
Plan Administrator Name:		
Plan Administrator Signat	ure: D	Pate:
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 www.myflexlogin.com and manage eligibility transactions online without needing to complete any paper forms. Get started today!



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