

Flexible Spending Account (FSA)  
**Change in Status Election**

(All fields are required. **Please Print!**)

Employer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

Employee Social Security Number: \_\_\_ - \_\_\_ - \_\_\_\_\_

Plan Year \_\_\_\_\_ through \_\_\_\_\_

Effective date: \_\_\_\_\_

First payroll date: \_\_\_\_\_

Please specify the account(s) affected by this change request:

___ FSA Health/Medical Account	My current contribution is: _____ per Plan Year.
	My new contribution should be: _____ per Plan Year.

___ FSA Dependent Care Account	My current contribution is: _____ per Plan Year.
	My new contribution should be: _____ per Plan Year.

As a participant in the cafeteria plan, I am entitled to revoke my prior benefit election and enter into a new election in the event of certain changes in status.

I understand that the change in my benefit election must be necessitated by and consistent with the change in status and that the change must be acceptable under the Regulations issued by the Department of Treasury.

I certify that I have incurred the following change in status:

- \_\_\_ Marriage
- \_\_\_ Divorce, Legal Separation or Annulment
- \_\_\_ Birth, adoption or placement for adoption of a child
- \_\_\_ Death of my spouse and/or dependent
- \_\_\_ Termination or commencement of employment by my spouse or dependent
- \_\_\_ Change in eligibility due to: (1) switching from part-time to full-time employment (or vice-versa) on the part of me, my spouse or dependent or, (2) a reduction or increase in work hours
- \_\_\_ I, my spouse or dependent have taken an unpaid leave of absence
- \_\_\_ My dependent satisfies or ceases to satisfy the requirements for coverage
- \_\_\_ Change in day care situation (cost, location, terms of contract, etc.).

Please explain: \_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_

The Administrator may require you to provide evidence to document the event which requires the change of election.

\_\_\_\_\_  
Employee's Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Plan Administrator's Signature

Date \_\_\_\_\_



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