



# FLEXIBLE BENEFIT PLAN CHANGE APPLICATION

If you have previously enrolled in the Flexible Benefit Plan and wish to change or cancel the terms of your Salary Reduction Agreement you must complete the appropriate section(s) of this form. Please submit the completed form to your Human Resources Department.

Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### OPTION I: DEMOGRAPHIC

**Name Change:** Current Name: \_\_\_\_\_

Change to: \_\_\_\_\_

**Address Change:** New Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### OPTION II: TERMINATION/LEAVE-OF-ABSENCE

**Termination of Employment:** Date of Termination: \_\_\_\_\_

**Leave of Absence:** (FMLA, non-FMLA, unpaid)

Date of Leave: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Cease deductions during leave? Yes / No

### OPTION III: CHANGE IN STATUS/ELECTION

Please make a change to my following account(s)

Type of Change (choose one)

	<u>ELECTION AMT*</u>	<u>BEGIN DATE**</u>	<u>CEASE ELECTION</u>
Medical Reimbursement	\$ _____	_____	Effective ____ / ____ / _____
Dependent Care Reimbursement	\$ _____	_____	Effective ____ / ____ / _____
Mass Transit Reimbursement (Pre-Tax)	\$ _____	_____	Effective ____ / ____ / _____
Mass Transit Reimbursement (Post-Tax)	\$ _____	_____	Effective ____ / ____ / _____
Parking Reimbursement (Pre-Tax)	\$ _____	_____	Effective ____ / ____ / _____
Parking Reimbursement (Post-Tax)	\$ _____	_____	Effective ____ / ____ / _____

### Reason for Change in Employee Status: (for Medical and Dependent Care Reimbursement Accounts)

Event Code: \_\_\_\_\_ (Cannot be retro-active)

\*For Medical & Dependent Care election change insert the *new annual* amount that you want deducted from your pay. For Mass Transit & Parking insert the **monthly** amount that you want deducted from your pay. \*\* To be completed by employer.

**AUTHORIZATION:** I hereby elect the changes indicated above due to a qualified change in status.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date

**Terms & Conditions**

The changes you elect will be effective within 30 days of this request. All Changes must be reviewed and approved by your Human Resource Representative before forwarding to BeneFlex, Inc. For further information call the BeneFlex, Inc. Customer Service Center at **1-888-423-6359** or visit our website at [www.flexaccount.com](http://www.flexaccount.com).

**Option I:**

Changes made under Option I will be effective immediately upon notification to the BeneFlex, Inc. Customer Service Center by your employer of an approved change .

**Option II:**

Termination of Employment: BeneFlex, Inc. must be notified within 48 hours of participant termination. Generally, a participant has **90 days** after date of termination to submit claims for services rendered prior to the date of termination (please check your Plan Information Summary as your company guidelines may differ). Unused funds remaining in participant accounts account will be forfeited. Claims sent in for services provided after date of termination will not be processed.

If you wish to continue contributing to your Medical Reimbursement Account until the end of the plan year, you may elect COBRA. COBRA allows you to pay for your own deductions with after-tax dollars until your plan year election has been met. For more information, please contact your Human Resource Department.

Leave of Absence: During a FMLA, a participant can continue contributing to the Flexible Spending Account by making contributions on a pre-tax basis (provided that the leave does not straddle two plan years) or pre-pay the contributions before the leave begins. A leave of absence constitutes an employee change of status. This would allow the employee to stop deductions all together and restart upon return. However, claims can not be reimbursed during the break.

**Option III:**

Any changes elected under Option III must be consistent with the Change of Status codes located below. Please attach appropriate documentation to this form showing evidence of your change. Following submission your request will be reviewed for possible approval. If you wish to dispute a denial of your request, please refer to the Claims Procedure Section of your Summary Plan Description.

Following is a list of acceptable Change of Status events. The change in elections cannot be effective before this form is reviewed and signed by your employer. You must submit a change of status form within **30 days** of the change taking place. There will be **no retroactive changes**.

**QUALIFIED CHANGES ACCEPTABLE FOR EMPLOYEE CHANGE OF STATUS**

Event Code	Event Description	Medical Reimbursement	Dependent Care Reimbursement
1	Marriage	May increase or decrease election	May add, increase, decrease, or cease
2	Gain Dependent: Birth, Adoption, Foster Child	May increase election for new dependent	May enroll or increase
3	Loss of Spouse: Divorce, Legal Separation, Death	May decrease for former spouse who loses eligibility	May add, increase, decrease, or cease
4	Lose 1 or more Dependents	May decrease election	May decrease or cease
5	Spouse gains job	May drop coverage for dependents/spouse who elects other coverage	May enroll or increase
6	FSA coverage through another plan	May add if coverage is available under your plan or drop if coverage available under another plan	No Change
7	Spouse's loss of job	May enroll or increase if spouse loses eligibility	May decrease or cease
8	FSA coverage lost under another plan	May add if coverage lost under another plan or cancel or cease if medical coverage lost under your plan	No Change
9	Spouse takes unpaid leave of absence	May enroll or increase	May decrease or cease
10	Spouse returns from leave of absence	May drop coverage if elects under another plan	May decrease or cease
11	Employee takes unpaid leave of absence (other than FMLA leave)	May cease or decrease if spouse elects coverage under another plan	May cease or decrease
12	Employee takes unpaid leave of absence (FMLA)	May decrease or revoke	May decrease or revoke
13	Return from unpaid leave of absence (other than FMLA)	No change, unless eligibility was lost and return results in eligibility	May enroll or increase
14	Return from unpaid leave of absence (FMLA)	May make a new election if coverage terminated while on leave	May enroll or increase
15	Termination & rehire within 30 days	Prior elections are reinstated unless another event has occurred	Prior elections are reinstated unless another event has occurred
16	Termination & rehire after 30 days	Eligible to make new election	Eligible to make new election
17	Employee moves from ineligible status to eligible status	Eligible to enroll	Eligible to enroll
18	Employee moves from eligible status to ineligible status	Coverage ceases-may submit claims through last eligible day(COBRA eligible)	Coverage ceases-may submit claims through last eligible day
19	Spouse moves from part time to full time	May drop coverage and elect under spouse's coverage	May decrease or cease
20	Spouse moves from full time to part time	May enroll or decrease if spouse loses eligibility	May decrease or cease

**For Human Resources Department: Please review this form to ensure compliance and forward to BeneFlex, Inc., 77 Brant Avenue, Suite 206, Clark, NJ 07066 Fax (732) 428-8111**

- ◆ Verify that the employee meets the requirements for the “Change In Status” selected and that the correct code has been used.
- ◆ Have the employee completely fill out the appropriate sections of this form. A separate form must be filled out for each account.
- ◆ Please be sure that this form is signed and dated and that your payroll department is notified of the changes to be made.