



FLEXIBLE SPENDING PLAN CHANGE IN ELECTIONS REQUEST

Changes to elections can only be made when there is a qualifying Change in Status. In addition, the change you desire to make must be consistent with the Change in Status event. In general, your change of election must be made within 30 days of the date of the change in status. Please refer to your Summary Plan Description or the Plan Administrator for more information.

EMPLOYEE NAME:	SOCIAL SECURITY NUMBER:
DATE OF CHANGE IN STATUS:	EFFECTIVE DATE OF FLEXIBLE SPENDING ACCOUNT CHANGE:
CLIENT:	

I hereby request the following change (s) to my flexible spending elections:

- Medical Out-of-Pocket Reimbursement: I wish to change my current year's election from \$ _____ to \$ _____. This election will continue to be allocated evenly for the remainder of the plan year, end of participation, or additional change in status.

- Dependent Care Reimbursement: I wish to change my current year's election from \$ _____ to \$ _____. This election will continue to be allocated evenly for the remainder of the plan year, end of participation, or additional change in status.

- Add or delete coverage in the following insurance programs:

Coverage to be changed:	Circle One:	Specify self and all dependents subject to the change:
Health Insurance	Add/Delete	
Dental Insurance	Add/Delete	
Vision Insurance	Add/Delete	
Voluntary Life Insurance	Add/Delete	
Short Term Disability Insurance	Add/Delete	

The above change(s) is requested due to the following change in status: *(Please explain in full, including the date the change in status occurred. The Plan Administrator may request additional information in order to approve the change)*

Employee Signature

Date

For The Employer Group Use Only:

Received by:
Date:

Approved by:
Date:

Processed by:
Date: