



Flexible Spending Account Change of Status Form

Employer Name: _____

Employee Name: _____

Employee Address: _____

Employee SS#: _____

Effective Date of Change: _____

As a participant with a Flexible Spending Account, I am entitled to revoke my prior benefit election and enter into a new election in the event of certain changes in family status.

I understand that the changes in my benefit election must be necessitated by and consistent with the change in family status and that the change must be acceptable under the plan and regulations issued by the Department of Treasury. I certify that I have incurred the following change in family status:

If adding a dependent, list name and date of birth: _____

Revised Pledge Amount: (if applicable) _____

Signature of Employee

Authorized Employer Signature

Date

Date