

H R SUPPORT & CONSULTING SERVICES, INC.
FLEXIBLE SPENDING ACCOUNT ADMINISTRATION
CHANGE IN STATUS
IRC SECTION 125

Employee Name (please print): _____ SS# _____

Address: _____

Employer: _____

Allowable Status Changes:

- legal marital status including marriage, death of spouse, divorce, legal separation or annulment
- death of a dependent child
- birth or adoption of a child
- change in employment status (employee, spouse or dependent) from commencement of work, full-time to part-time or vice versa, unpaid leave of absence, strike or lockout, relocation or termination of employment affecting eligibility under a flex plan or other employee benefit plan

Please complete the applicable information regarding your family status change:

Marriage Date: _____ Spouse's Name: _____

Divorce Date: _____ Documentation Attached: _____

Birth/Adoption Date: _____ Dependent Name: _____

Other: _____

Change in Work Status (circle one: Employee , Spouse or Dependent):

Termination* Do Not Use this form for termination of employment.

Change from full-time to part-time affecting eligibility () Date: _____

Change from part-time to full-time affecting eligibility () Date: _____

Unpaid leave of absence () Date: _____

Change of work schedule (Shift) () Date: _____

Relocation affecting benefit eligibility () Date: _____

Please complete the following:

YOU MUST CONTACT YOUR EMPLOYER FOR ANY CHANGES IN STATUS

*(*this section is not applicable for employment termination - cannot make change to the payroll deduction or annual election)*

Current Payroll Deduction Amount: Medical \$ _____
Dependent \$ _____

New Payroll Deduction Amount: Medical \$ _____
Dependent \$ _____

CHANGE TO BE EFFECTIVE WITH THE CHECK DATED: _____

I wish to change my medical and/or dependent care reimbursement account election as stated above.

Signature: _____ Date: _____

FAX TO: H R Support & Consulting Services
Attn: Flexible Spending Account Administration
207-655-6636