



FLEXIBLE SPENDING CHANGE OF STATUS FORM

Employee Information

Worksite Employer	Employee Last Name	First Name	Social Security Number
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Today's date: ____ / ____ / ____

I hereby apply for a change in my flexible spending account (FSA) deduction based on the following event, which occurred on: ____ / ____ / ____

Choose one: The change in status must be in accordance with the account you are changing.

<p>Marital status change:</p> <p><input type="checkbox"/> Marriage- New last name: _____</p> <p><input type="checkbox"/> Marriage- New spouse name: _____</p> <p><input type="checkbox"/> Divorce</p> <p><input type="checkbox"/> Death</p> <p><input type="checkbox"/> Legal separation</p> <p><input type="checkbox"/> Annulment</p>	<p>Change of dependent status:</p> <p><input type="checkbox"/> Birth- Name of dependent: _____</p> <p><input type="checkbox"/> New dependent- Name: _____</p> <p><input type="checkbox"/> Adoption- Name: _____</p> <p><input type="checkbox"/> No longer dependent- Name: _____</p> <p><input type="checkbox"/> Death- Name: _____</p>
<p>Participant employment status change:</p> <p><input type="checkbox"/> Unpaid leave of absence</p> <p><input type="checkbox"/> Return from unpaid leave of absence</p> <p><input type="checkbox"/> Change from part-time to full-time (or reverse)</p>	<p>Spouse employment status change:</p> <p><input type="checkbox"/> Spouse commencement of employment</p> <p><input type="checkbox"/> Spouse change from part-time to full-time (or reverse)</p> <p><input type="checkbox"/> Spouse termination of employment</p>
<p><input type="checkbox"/> Day care only- Change of daycare fee (provider may not be a relative)</p>	

New Benefit Election

<p><input type="checkbox"/> New health care expenses: \$ _____ TOTAL 2021 ELECTION *Maximum annual election is \$2,750</p> <p><input type="checkbox"/> New daycare expenses: \$ _____ TOTAL 2021 ELECTION *Maximum annual election is \$5,000 or \$2,500 if married and filing taxes separately.</p>
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Employee signature: _____

Date: _____

Office Use Only		
Qualifying Event:	Effective Date:	Instructions:

Submit completed forms to: fsa@helpside.com