|  |  |  |
| --- | --- | --- |
|  |  | **FLEXIBLE BENEFIT PLAN PARTICIPANT STATUS/CHANGE FORM** |
|  | FAX TO: (603) 647-4668  PHONE: (603) 647-4666 or (888) 401-FLEX  E-MAIL: info@benstrat.com  MAIL TO: PO Box 1300, Manchester, NH 03105-1300  ONLINE ACCOUNT: <http://www.benstrat.com> |
|  |  |  |

Employer Name: Plan Year:

Participant Name: Participant SSN:

Change participant Name to:

Change participant Address to:

Change participant SSN to:

**Reimbursement Account Election Change**

Health Care Reimbursement Account (HCRA) Dependent Care Assistance Account (DCA)

Health Reimbursement Arrangement (HRA) Parking/Transit Account

**Qualifying Reason for Election Change (check one):**

Termination of employment of participant Marriage

Commencement or termination of spouse’s Divorce

Employment

Change from part-time to full-time status Birth or adoption

(or vice versa) of participant / spouse

Unpaid leave of absence (LOA) taken by Death of participant/spouse/dependent

Participant / spouse

Other – Please explain:

**Election Change Requested**

Effective Date of Election Change:

Terminate Account Election

Year to Date Contributions: $

Change Account Election

New Annual Election $

New Pay Period Deduction $

Participant beginning Leave of absence (LOA):

Will account contributions continue during leave? Yes No

Do you want the account to be suspended during the leave? Yes No

Participant returning from LOA:

New Annual Election: $

New Pay Period Deduction: $\_\_\_\_\_\_\_\_\_

Signatures (Required)

**Participant Signature: Date:**

**Employer Acceptance: Date:**