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| --- | --- | --- |
|  |  | **FLEXIBLE BENEFIT PLANPARTICIPANT STATUS/CHANGE FORM** |
|  |  FAX TO: (603) 647-4668PHONE: (603) 647-4666 or (888) 401-FLEXE-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:**