



PO Box 247, 2850 Midwest Drive, Onalaska, WI 54650
 Phone: 608-779-3000 or 800-540-0094 Fax 608-779-3009 or 877-540-0094

Employee FSA Change of Status Form

Your Change in election must be on account of and consistent with your event. Also, the change of status must affect your eligibility to participate in the plan. Does the change allow you to now participate or stop participating in the plan?

Contact Information			
Company Name			
Last Name, First Name			
Street Address	City	State	Zip

Your employer must approve the change of status and determine if the requested change in elections is consistent with your change in status. You must submit this form within 30 days of the changing event.

<p>Date of Change: _____ I have incurred the following change in status: Type of Change (circle one) Birth / Adoption (Name & date of birth) *Name, Date of Birth, & SSN: Spouse employment change: Terminate / New Hire Marriage / Divorce Employment Status: To Full-time / To Part-time / Termination Death: Spouse / Dependent Childcare Costs: Increase / Decrease Other (briefly explain):</p>	<p>The following applies to Unpaid Leave of Absence: Self / Spouse (circle one) Date Begin Leave: Date Return from Leave:</p>																												
<p>Choose one option below for Unpaid Leave:</p> <p><input type="checkbox"/> I wish to CEASE participation in the plan and reduce my current election by the missed contributions. *I understand my plan will terminate on my leave effective date and that no reimbursement will be made for services incurred after my leave date. *I understand that I may elect to resume participation after returning from a qualified FMLA event, but that no services during the leave will be reimbursable.</p> <p><input type="checkbox"/> I wish to CONTINUE participation in the plan and I choose the following payment options (circle one)</p> <p>Pre-Pay Pay while on Leave Catch up upon return</p>	<p>To Find New Annual Amount:</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>New pay period amount</td><td style="text-align: right;">\$</td></tr> <tr><td>Multiply by remaining pay periods</td><td style="text-align: right;">x _____</td></tr> <tr><td>Equals new remaining annual amt</td><td style="text-align: right;">\$</td></tr> <tr><td>Add contributions to date</td><td style="text-align: right;">+ \$</td></tr> <tr><td>Equals remaining annual election</td><td style="text-align: right;">\$</td></tr> </table> <p>To Find New Pay Period Amount:</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>New Annual Election:</td><td style="text-align: right;">\$</td></tr> <tr><td>Subtract contributions withheld year-to-date</td><td style="text-align: right;">- \$</td></tr> <tr><td>Equals remaining contributions</td><td style="text-align: right;">\$</td></tr> <tr><td>Divide by number of pay dates left in year</td><td style="text-align: right;">÷ _____</td></tr> <tr><td>Equals new per pay amount</td><td style="text-align: right;">\$</td></tr> <tr><td>Multiply by remaining pay periods</td><td style="text-align: right;">x _____</td></tr> <tr><td>Actual remaining contributions</td><td style="text-align: right;">\$</td></tr> <tr><td>Add payroll deducts year-to-date</td><td style="text-align: right;">+ \$</td></tr> <tr><td>Equals new Annual Election</td><td style="text-align: right;">\$</td></tr> </table>	New pay period amount	\$	Multiply by remaining pay periods	x _____	Equals new remaining annual amt	\$	Add contributions to date	+ \$	Equals remaining annual election	\$	New Annual Election:	\$	Subtract contributions withheld year-to-date	- \$	Equals remaining contributions	\$	Divide by number of pay dates left in year	÷ _____	Equals new per pay amount	\$	Multiply by remaining pay periods	x _____	Actual remaining contributions	\$	Add payroll deducts year-to-date	+ \$	Equals new Annual Election	\$
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Equals new Annual Election	\$																												

I certify that I have had the above change in status and request that changes in my elections be made as indicated. In no event may the actions be effective before the first pay period beginning after this form is completed and returned to the HR Dept. unless a qualifying HIPAA event.

Employee Signature: _____ Date: _____

Acceptance of Change Request (Completed by Authorized Personnel) Initials _____ Date _____
 Change in deductions made on the following pay date:



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Some Common Eligible FSA Changes in Status

Following is a non-exhaustive list of acceptable events for changing your elections. Please check with the Personnel/Human Resource Department to see if the requested change in elections is allowable and consistent with your change in status.

FSA Medical Reimbursement

EVENT

1. Change in legal marital status.
2. Change in the number of employee's dependents.
3. Lose spouse: divorce – legal separation – death of spouse.
4. Lose 1 or more dependents.
5. Spouse gains/loses job.
6. Employee, spouse, or dependent incurs a gain/loss in Major Medical, Supplemental, Health FSA coverage through through employment change. Must affect FSA eligibility to change the FSA.
7. Employee or Spouse takes or returns from unpaid leave of absence. NOTE: If your participation ceases while on unpaid leave of absence, you will not be eligible for any service incurred after your ceased date. You may be able to continue participation by election one of the options on page 1.
8. Termination and rehire within 30 days. Termination and rehire after 30 days.
9. Short-term Disability (absence with pay).
10. Termination of employment (flex enrollment ceases).
11. Employee or Spouse moves from flex-eligible to flex-ineligible status (flex enrollment ceases)—e.g., full-time to part-time.
12. Geographic relocation (considered to have occurred only if current coverage not available in new location).
13. Dependent child moves outside HMO service area due to relocation of custodial parent who is not employee.

FSA Dependent Care

EVENT

1. Change in employee's legal marital status.
2. Change in the number of employee's dependents.
3. Change in employment status of employee, spouse, or dependent that affects eligibility.
4. Change in employee or spouse's work shift eliminates or necessitates dependent care.
5. Employee's dependent satisfies or ceases to satisfy eligibility requirements. (Child turns 13.)
6. Change in place of residence of employee, spouse, or dependent (ex: switching residence between parents).
7. Change in childcare centers or change in hours causing an increase or decrease in cost.
8. Change in home childcare provider with an increase or decrease in cost by a non-relative provider.
9. Change in home childcare provider because grandma will watch the child for free.