

# Flexible Spending Account Employee Status Change or Qualifying Life Event Enrollment Adjustment Form

**Important:**  
Please read  
Participation  
Rules on the  
back of this  
form.

## SECTION A: AGENCY AND EMPLOYEE INFORMATION

Employer Name:	Effective Date:	Date of Hire:
Employee Name:	Social Security Number:	Home Phone:
Employee Address:	Email Address:	
City State Zip:	Pay Cycle: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	

## SECTION B: ACTION/REASON

HIR  New Hire      REH  Rehire      CIA  Contact Info Adjustment  
 QLE  Qualifying Life Event      Reason Code: \_\_\_\_\_ Event Date: \_\_\_\_\_ (See page 2 for codes)

## SECTION C: DEPENDENTS LISTING

Name of Dependent	Dependent Relationship to Employee (Spouse, child, other)	Dependent Birth date:	Dependent Social Security Number:

## SECTION D: FLEXIBLE SPENDING ACCOUNTS

**Flexible Spending Health Care** (refers only to reimbursed medical costs, NOT insurance premiums)

Flexible Spending Health Election      \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
Minimum is \$ \_\_\_\_\_ per year; Maximum is \$ \_\_\_\_\_ per year  
(Pay period withholding)      (Number of pay periods)      (Total Annual Election)      \_\_\_\_\_  
(Effective Date)

Waive - I elect not to participate in Flexible Spending Health      \_\_\_\_\_  
(Effective Date)

**Flexible Spending Dependent Care** (only for eligible child care or adult care costs)

Flexible Spending Dependent Care Election      \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
Minimum is \$ \_\_\_\_\_ per year  
Maximum is \$ \_\_\_\_\_ per year  
(Pay period withholding)      (Number of pay periods)      (Total Annual Election)      \_\_\_\_\_  
(Effective Date)

Waive - I elect not to participate in Flexible Spending Dependent Care      \_\_\_\_\_  
(Effective Date)

## SECTION E: AUTHORIZATION

By signing this form I certify that: I have read the Summary Plan Description. I understand that my election amount for the year cannot be changed except under a qualifying change in family status. I understand that all money remaining in my account(s) at the end of the plan year/plan year's grace period will be forfeited. I understand that my election will be withheld evenly from each paycheck during the Plan Year on a pre-tax basis, and that this may result in it being slightly less than I have listed above due to rounding. I understand that my Dependent Care election cannot exceed the annual salary of myself or my spouse (if married) nor \$5,000. I understand that if I am a "Key Employee" my benefit may become taxable due to plan discrimination issues. By providing my email address above in Section A I agree to receive plan information electronically. I certify that I have read and agree to all of the conditions and participation rules on page 2 of this form.

Employee's Signature: \_\_\_\_\_ Date Signed (mm-dd-yyyy): \_\_\_\_\_



# Instructions to Complete the Enrollment Adjustment Form

## Section A: Employer and Employee Information (Complete all of Section A.)

Effective Date is:

- New Hire = The first day of the month following the eligibility waiting period.
- Family Status Change = First day of the month following the event date.

## Section B: Action/Reason

Check the appropriate box and, if applicable, enter the information requested.

New Hire - refers to initial eligibility (within a certain number of days from employment date).

Re-Hire - refers to participant who is rehired within the same Plan Year.

Contact Info Adjustment - skip Sections C and D.

Qualifying Life Event (QLE) - refers to an eligible event that allows a reimbursement account enrollment or change within 30 days after the event date. Mark the QLE box and enter the correct Reason Code and Event Code. The Reason Codes are listed on the following chart. The only qualifying events that may be used to drop the Flexible Spending Health are the death of a dependent or Family Medical Leave Act (FMLA).

You must notify your Benefits Coordinator when you have a family status change.

### Qualifying Life Event (QLE) Reference Table

Event	Qualifying Life Events Example	Reason
Employee marital status change	Marriage Divorce or Annulment Death of a Spouse	MAR DIV DOD
Dependent status change	Birth of a new dependent Adoption/Foster placement of new dependent Employee gains or loses dependent(s) through death Dependent becomes eligible or loses eligibility for insurance coverage Other (X) child moves out Dependent gets married	BIR ADP DOD DEP XMO DGM
Employment status change	Employee/Dependent employment status change Dependent becomes eligible	ESC DPE
Significant change in cost/ coverage imposed by third party	Significant cost change by day care provider Significant change in cost/coverage of dependent's health plan Significant change in cost/coverage of dependent's dental plan	SCC SCC SCC
Court ordered coverage change	Employee gains requirements to provide coverage for child/spouse Employee denied requirements to provide coverage for child/spouse	MSO MSD

## Section C: Dependents Listing

List all dependents, regardless of whether or not you are participating in the Dependent Care portion of the Flexible Spending Account. Dependents include your spouse (if married), children, etc.

## Section D: Flexible Spending Accounts

### Flexible Spending Health

- Check the appropriate box if you wish to set up a Flexible Spending Health account. Write in the per pay period withholding amount, number of pay periods and total annual election amount. Enter the month, first day of the month and year the election is effective. (Effective date is the same as given in Section A.)
- Check "Waive" if you do not wish to participate in a Flexible Spending Health account.
- No designation is considered a waive.

### Flexible Spending Dependent Care

- Check the appropriate box if you wish to set up a Flexible Spending Dependent Care account. Write in the per pay period withholding amount, number of pay periods and total annual election amount. Enter the month, first day of the month and year the election is effective. (Effective date is the same as given in Section A.)
- Check "Waive" if you do not wish to participate in a Flexible Spending Dependent Care account.
- No designation is considered a waive.

## Section E: Authorization

Read section carefully. Sign & date the Flexible Spending Account Enrollment Adjustment form; return to your Benefits Coordinator.

### Participation Rules

I understand that reimbursement account eligibility and benefits information is available from my Benefits Coordinator. I authorize payroll deductions for the benefits elections indicated on the PowerFlex Flexible Spending Account Enrollment Form. I must make election changes no later than 30 days after the date a Qualifying Life Event (QLE) occurs if I want to enroll in a reimbursement account or change my reimbursement account elections or amounts and that any requested election change must be consistent and in line with the QLE. I must file all claims eligible for reimbursement by the last day of the Plan Year or Plan Year's Runout Period, in order to utilize any remaining balance from my account(s). Any amounts remaining in my reimbursement account(s) after the end of the Plan Year or Plan Year's Runout Period, will be forfeited.

