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### Flexible Spending Employee Change Form

(To be completed by the employer)

Group Name		Group Number	COVERAGE (Check all that apply) Premium <input type="checkbox"/> Dependent Care <input type="checkbox"/> Flex <input type="checkbox"/> Limited Flex <input type="checkbox"/> HRA <input type="checkbox"/>			
Employee's Last Name	First Name	M.I.	Date of Birth	Social Security Number		

#### DEPENDENT INFORMATION

First Name	MI	Last Name	Date of Birth	Relationship	Social Security Number

Please attach separate sheet if there are additional dependents.

#### CHANGE(S) DESIRED

Termination of Employee:      Date: \_\_\_\_\_ Date of last employee contribution: \_\_\_\_\_

Change (ex: due to qualified family status change or change in premium):

Other:

Date: \_\_\_\_\_ Signature of Authorized Employer: \_\_\_\_\_

## 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**

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#### **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 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**

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#### **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.