



# SHEAKLEY FLEXIBLE BENEFITS DIVISION

## CHANGE IN STATUS FORM

\_\_\_\_\_  
Employee Name

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Company Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Paycheck date in which change will occur

	Current Per Pay Contribution	New Per Pay Contribution	New Annual Election
Health Care	\$ _____	\$ _____	\$ _____
Dependent Care	\$ _____	\$ _____	\$ _____
Insurance Premium ( <i>list type</i> )	\$ _____	\$ _____	\$ _____

### **Termination of Employment**

*(Termination does not allow change in annual election)*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Termination Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last paycheck date in which a deduction will be withheld

### **Acceptable Qualifying Events per IRS Guidelines**

\*\*All changes must be consistent with the Qualified Event and all Qualified Events do not apply to all plans. For informational purposes, we have attached a list of changes that can be made for the most common Qualified Events. Please choose which event is applicable to the change.

- Marriage                       Birth/Adoption                       Death                       Divorce/Legal Separation
- Family Medical Leave (check one):                       Beginning                       Return
- Leave of Absence (check one):                       Beginning                       Return
- Eligibility change due to age requirements, student status, or similar circumstances
- Eligibility change due to change in residence
- Change in Day Care Provider                       Change in Rates of Day Care Provider
- A new benefit option was offered                       A benefit option was dropped or replaced
- A significant coverage curtailment to current elected benefits
- Eligibility changes due to a change in Employment Status                       COBRA
- Spouse/Dependent's Coverage changed with their Employer                       Judgment, Decree or Court Order

At this time I wish to make a change to my current Flexible Benefit Elections as shown above. I understand the change must be consistent with the reason marked and the change affects either my eligibility status or that of my spouse and/or dependents. I certify that the above reason selected to make this change has occurred within the last 30 days and is in fact a true statement. I further understand my Employer may request documentation to support the change.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**All Change of Status forms must be submitted to your HR Department for processing.**

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

To be a qualified life event the change must coincide with the following: listed as an IRS approved event, consistent with the type of change being requested and affects eligibility of either the employee or his/her dependents. Some life events are not applicable to all benefit types, please see below. If a life event has occurred and is not listed below, contact your HR or Benefit Administrator.

**Health Flexible Spending Account (HFSA) and Dependent Care Flexible Spending Account (DFSA)**

Event	Increase	Decrease	Add Coverage	Drop Coverage
Marriage	HFSA / DFSA	HFSA / DFSA	DFSA	HFSA / DFSA
Divorce/Separation	HFSA / DFSA	HFSA / DFSA	HFSA / DFSA	DFSA
Birth/Adoption	HFSA / DFSA	-----	HFSA / DFSA	-----
Death	DFSA	HFSA / DFSA	DFSA	DFSA
Spouse/Dependent Gains Eligibility under their Employer Plan	DFSA	HFSA	DFSA	DFSA
Spouse/Dependent Losses Eligibility under their Employer Plan	HFSA/DFSA	-----	HFSA/DFSA	DFSA
Dependent Gains Eligibility under the Employee's Plan	HFSA/DFSA	-----	HFSA/DFSA	-----
Dependent Losses Eligibility under the Employee's Plan	-----	HFSA/DFSA	-----	-----
Employee Moves out of HMO Area	-----	-----	-----	-----
Employer Replaces One Benefit Option with a similar Option	-----	-----	-----	-----
Change in Day Care Provider	DFSA	DFSA	-----	-----
Begin FMLA Leave of Absence	-----	-----	-----	HFSA/DFSA
End FMLA Leave of Absence	-----	-----	HFSA/DFSA	-----

**Pre-taxed Group Insurance Premiums (Health, Dental, Vision, etc.)**

Event	Add Coverage	Drop Coverage
Marriage	Add Spouse/Dependent	Drop Coverage
Divorce/ Separation	Add Coverage	Drop Spouse Only
Birth/Adoption	Add Coverage	-----
Death	-----	Drop Dependent
Spouse/Dependent Gains Eligibility under their Employer Plan	-----	Drop Coverage
Spouse/Dependent Losses Eligibility under their Employer Plan	Add Coverage	-----
Dependent Gains Eligibility under the Employee's Plan	Add Dependents	-----
Dependent Losses Eligibility under the Employee's Plan	-----	Drop Dependent
Employee Moves out of HMO Area	-----	Drop Coverage and Elect Similar Coverage
Begin FMLA Leave of Absence	-----	Revoke and make a new election per FMLA
End FMLA Leave of Absence	Make a new election if terminated per FMLA	-----