

# Cafeteria Plan Flexible Spending Accounts Qualified Status Change Form



Company Name	Plan Year		
Employee Name	Social Security Number/Employee ID #		
Employee Address-Street	City	State	Zip
		(      )	-
Email Address	Day Time Phone		

**If a change in status event occurs, employees are allowed to make changes consistent with the event. The change in status must be consistent with the IRS Regulations "consistency rule"; i.e. affect coverage eligibility of the employee, spouse or dependent.**

**Change in Status: (Check all that apply)**

- Change in employee's legal marital status – including marriage, divorce, death of a spouse, legal separation, and annulment.
- Change in number of dependents – including birth, death, adoption; and placement for adoption
- Dependent satisfies (or ceases to satisfy) dependent eligibility requirements – an event that causes the dependent to satisfy or cease to satisfy the requirements for coverage due to attainment of age, gain or loss of student status, marriage or similar circumstances.
- Change in cost or coverage for Dependent Care or Outside Premiums.
- Change in employment status of the employee, spouse or dependent that affects the eligibility for health insurance benefits. Including – Termination or commencement of employment; a strike or lockout; commencement of or return from unpaid leave of absence; change in worksite
- Residence change – a change in residence of an employee spouse or dependent when the change affects the employee's eligibility for coverage.

**FMLA or Unpaid Leave of Absence consistent with the IRS Regulations "consistency rule: (Check one)**

- Revoke my existing election**
- Prepay Option.** I wish to accelerate my deductions, prior to my leave without pay to ensure I can submit claims during my leave. I understand that this will increase my per pay period amount. For Dependent Care I understand that if I am not working during my leave, I will not be eligible for reimbursement for dependent care expenses.
- Pay-as-you-go Option** I wish to pay my per pay period deduction on an after-tax basis during my leave to ensure I can submit claims during my leave. I will pay this directly to my employer each pay date.
- Catch-Up Option** I understand that the expenses I incur during my leave status will not be reimbursed unless I return to duty during the plan year and have deduction withheld to fulfill my annual election.

**Leave Without Pay: (check one)**

- Prepay Option.** I wish to accelerate my deductions, prior to my leave without pay to ensure I can submit claims during my leave. I understand that this will increase my per pay period amount. For Dependent Care I understand that if I am not working during my leave, I will not be eligible for reimbursement for dependent care expenses.
- Pay-as-you-go Option** I wish to pay my per pay period deduction on an after-tax basis during my leave to ensure I can submit claims during my leave. I will pay this directly to my employer each pay date.
- Catch-Up Option** I understand that the expenses I incur during my LWOP status will not be reimbursed unless I return to duty during the plan year and have deduction withheld to fulfill my annual election.

**Election Effective Date:** \_\_\_\_\_ Enter the later of 1) the actual date of the event OR 2) the date this form is signed (this must be within 30 days of the date of the event). (For a birth or adoption, enter the actual date of the event.)

**Pay Effective Date:** \_\_\_\_\_ Enter the first payday for which this change will take place.

	YTD Payroll Deductions Prior to Change	Future Contributions from change date through end of plan year	New Annual Election (should be combination of YTD and Future contributions)	# of Payrolls remaining	New Per Payroll Deduction Amount
Health Care FSA	\$	\$	\$		\$
Dependent Care FSA	\$	\$	\$		\$

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

Return this form to your HR dept who will send to PayFlex via 1) Fax: 402-231-4283, 2) Email: [flexmail@payflex.com](mailto:flexmail@payflex.com),  
3) Mail: PayFlex Eligibility, PO Box 3039, Omaha, NE 68103-3039