



FLEXIBLE BENEFIT PLAN PARTICIPANT STATUS/CHANGE FORM

FAX TO: (603) 647-4668

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E-MAIL: info@benstrat.com

MAIL TO: PO Box 1300, Manchester, NH 03105-1300

ONLINE ACCOUNT: <http://www.benstrat.com>

Employer Name: _____ Plan Year: _____

Participant Name: _____ Participant SSN: _____

Change participant Name to: _____

Change participant Address to: _____

Change participant SSN to: _____

Reimbursement Account Election Change

- | | |
|---|--|
| <input type="checkbox"/> Health Care Reimbursement Account (HCRA) | <input type="checkbox"/> Dependent Care Assistance Account (DCA) |
| <input type="checkbox"/> Health Reimbursement Arrangement (HRA) | <input type="checkbox"/> Parking/Transit Account |

Qualifying Reason for Election Change (check one):

- | | |
|--|--|
| <input type="checkbox"/> Termination of employment of participant | <input type="checkbox"/> Marriage |
| <input type="checkbox"/> Commencement or termination of spouse's Employment | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> Change from part-time to full-time status (or vice versa) of participant / spouse | <input type="checkbox"/> Birth or adoption |
| <input type="checkbox"/> Unpaid leave of absence (LOA) taken by Participant / spouse | <input type="checkbox"/> Death of participant/spouse/dependent |
| <input type="checkbox"/> Other - Please explain: _____ | |

Election Change Requested

Effective Date of Election Change: _____

- ☐ Terminate Account Election

Year to Date Contributions: \$ _____

- ☐ Change Account Election

New Annual Election \$ _____

New Pay Period Deduction \$ _____

- ☐ Participant beginning Leave of absence (LOA):

Will account contributions continue during leave?

☐ Yes ☐ No

Do you want the account to be suspended during the leave?

☐ Yes ☐ No

- ☐ Participant returning from LOA:

New Annual Election: \$ _____

New Pay Period Deduction: \$ _____

Signatures (Required)

Participant Signature: _____ Date: _____

Employer Acceptance: _____ Date: _____