



## FLEXIBLE SPENDING ACCOUNT (FSA) CHANGE FORM

Note: You must submit this form along with a new FSA Election Form and the appropriate Life Status Change (LSC) documentation

Election Effective Dates ____/____/____ - 03/31/2017	WORKSITE EMPLOYER NAME	Social Security Number
Employee Last Name	First Name	Middle Initial
		Are You A Highly Compensated Employee (\$120k+)? <input type="checkbox"/> No <input type="checkbox"/> Yes
Home Address	City	State Zip

### Select Life Status Change Event\*:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Marriage/New Domestic Partnership         | <input type="checkbox"/> Divorce/Legal Separation              | <input type="checkbox"/> Birth/Adoption                         |
| <input type="checkbox"/> Begin FMLA (must provide FMLA start date) | <input type="checkbox"/> End FMLA (must provide FMLA end date) | <input type="checkbox"/> Employment Change (Employee or Spouse) |
| <input type="checkbox"/> Death                                     | <input type="checkbox"/> Change in Cost of Dependent Care      | <input type="checkbox"/> Other: _____                           |

Please enter the date your life status change event took place: \_\_\_\_\_

You must timely submit appropriate documentation/proof of your life status change along with this form. Your election change will not be processed without this documentation.

### Revise Your Benefit Elections:

#### **Health Care FSA** (Maximum deduction allowed is \$2,550 per plan year):

I wish to ☐ START ☐ CANCEL ☐ CHANGE my FSA contributions:

New FSA Election (per plan year) \$ \_\_\_\_\_

#### **Dependent Day Care FSA** (Maximum deduction allowed is \$5,000 per plan year)\*\*:

I wish to ☐ START ☐ CANCEL ☐ CHANGE my Dependent Day Care FSA contributions:

New Dependent Day Care FSA Election (per plan year) \$ \_\_\_\_\_

\*\*Please note that during FMLA or any other unpaid Leave of Absence; you cannot contribute to the Dependent Day Care FSA. During these periods, your deductions will cease, however you may continue to submit claims for expenses incurred. If there are sufficient funds, claims will be honored upon request. When you return from leave, your payroll contribution amounts may be resumed provided you submit a new FSA Election Form and a completed copy of this change form within 30 days of your return.

### AUTHORIZATION:

I am electing to make a change to my Flexible Spending Account Plan. I understand and agree that:

1. All FSA status changes must be submitted within 30 days of the life status change event and will be effective on your life status change date. Payroll deductions will be adjusted on or after the date the change request is received. Changes submitted after 30 days will not be processed.
2. New FSA election(s) may not be less than the dollar amount that has already been contributed or reimbursed from my FSA for the current plan year.
3. If I am electing to participate in the FSA plan for the first time due to a life status change event, I must also complete and submit the FSA Election Form.
4. Appropriate documentation/proof of my life status change event is required. Processing my requested change will be delayed if documentation of my life status change event is not timely submitted with this form. If my life status change documentation is not received within 30 days of the event date, my FSA election change will not be processed.
5. My FSA election change must be consistent with the documented life status change event.

Signature \_\_\_\_\_

Date \_\_\_\_\_

In order to be eligible for processing all election forms MUST be submitted to the TriNet SOI Benefits Department at PO Box 241448; Charlotte, NC 28224; OR they may be faxed to 704.436.1180 or emailed to [soi-fsa@trinet.com](mailto:soi-fsa@trinet.com).