

## MID-YEAR ELECTION CHANGE FORM

Employer \_\_\_\_\_  
Employee \_\_\_\_\_  
SS # \_\_\_\_\_  
Effective Pay Period \_\_\_\_\_  
Date of Event \_\_\_\_\_

### REASON FOR CHANGE:

Complete this portion of the Flex agreement only if you have previously enrolled in the Flex plan and now wish to show a valid reason for changing the terms of your enrollment.

- Marriage/divorce/legal separation
- Birth/adoption or death of a dependent
- Termination of your employment (or spouse)
- Obtain employment (you or spouse)
- Loss of dependent status
- Change in employment (you or spouse ie. part-time to full time)
- Other (give details and provide documentation)

\_\_\_\_\_

### DESIRED CHANGES:

- Name change \_\_\_\_\_

Change amount of deduction:

- Unreimbursed medical expense from \_\_\_\_\_ to \_\_\_\_\_
- Dependent care expense from \_\_\_\_\_ to \_\_\_\_\_
- Private Medical Premium from \_\_\_\_\_ to \_\_\_\_\_

The amounts you indicated on your election form reflect the change(s) in contributions you desire as a result of your change of family status. The changes you elect must be consistent with the change in status checked above. Contact your Human Resources Dept within 31 days of the date of the event.

Employee  
signature \_\_\_\_\_ Date \_\_\_\_\_

**If you have any questions about your Flexible Spending Account, please call 800-562-8454**