



# FLEXIBLE BENEFIT PLAN PARTICIPANT STATUS/CHANGE FORM

FAX TO: (603) 647-4668  
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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

- Health Care Reimbursement Account (HCRA)     Dependent Care Assistance Account (DCA)  
 Health Reimbursement Arrangement (HRA)     Parking/Transit Account

### Qualifying Reason for Election Change (check one):

- Termination of employment of participant     Marriage  
 Commencement or termination of spouse employment     Divorce  
 Change from part-time to full-time status (or vice versa) of participant / spouse     Birth or adoption  
 Unpaid leave of absence (LOA) taken by participant / spouse     Death of participant / spouse / dependent  
 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: \_\_\_\_\_