



FLEXIBLE BENEFIT PLAN PARTICIPANT STATUS/CHANGE FORM

FAX TO: (603) 647-4668
PHONE: (603) 647-4666 or (888) 401-FLEX
E-MAIL: flexdept@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

- 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: _____