

# HR Concepts, LLC

"Your Third Party Administrator of Choice"

## Change of Status Form For Employee

### Qualifying Event:

Marriage, Death, Divorce, Legal Separation, Birth, Adoption of a Child or Change in employment status.

### Guidelines for Qualifying Events (Excluding Terminations):

The participant has 30 days from the effective date of the event to make a change.

The participant can increase, decrease, stop, or start their election.

### Please complete the applicable information regarding the family status change:

#### Employee Information/Address

Please check if this is a new address

Employer Name:	_____		
Employee Name:	_____	SS #	____ - ____ - ____
Mailing Address:	_____	City:	_____ State: _____ Zip: _____
Street Address:	_____	City:	_____ State: _____ Zip: _____
Telephone:	_____	Start Date:	_____ Last Day Worked: _____

### Qualifying Event

Qualifying Event:	_____
Qualifying Event Effective Date:	_____

### Election Change

Will this increase / decrease your current election amount? (Circle one)	
Current Annual Election: Medical \$ _____	Dependent \$ _____
Current per Payroll Deduction: Medical \$ _____	Dependent \$ _____
New Annual Election: Medical \$ _____	Dependent \$ _____
New Per Payroll Deduction: Medical \$ _____	Dependent \$ _____

### Signature

I wish to change my medical and/or dependent care reimbursement account election as stated above.	
_____ Date: _____	_____ Date: _____
Employee Signature	Authorized Employer Signature



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