

**\*\* Leave of Absence (LOA) information must be submitted on an LOA Form\*\***

## Step 1 of 4: Participant Information

\*=Required Fields

<input style="width:95%; height: 20px;" type="text"/> *Employer Name (Do not abbreviate)	<input style="width:95%; height: 20px;" type="text"/> *Employee ID						
<input style="width:95%; height: 20px;" type="text"/> *Participant Name (First, MI, Last)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; height: 20px;"><input type="text"/></td> <td style="width:15%;"><input type="text"/></td> </tr> </table> *Social Security Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input style="width:95%; height: 20px;" type="text"/> *Participant Mailing Address	<input style="width:95%; height: 20px;" type="text"/> E-mail Address (If provided, all notifications will be sent via email)						
<input style="width:95%; height: 20px;" type="text"/> *City	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; height: 20px;"><input type="text"/></td> <td style="width:15%;"><input type="text"/></td> </tr> </table> *State      *Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; height: 20px;"><input type="text"/></td> <td style="width:50%;"><input type="text"/></td> </tr> </table> *Pay Frequency ( <b>Please circle one</b> ): Monthly / Semi-Monthly / Bi-Weekly / Weekly / Other		<input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>						
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<input type="text"/>	<input type="text"/>						
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<input type="text"/>	<input type="text"/>						

## Step 2 of 4: Qualifying Event Information

\*Please select the qualifying event that applies to the request for an election change. In accordance with the IRS Consistency Rule, changes to a cafeteria plan election due to a change in status must be consistent with the effect the change in status has on eligibility under the plan.

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Change in Number of Dependents</th> </tr> <tr> <td><input type="checkbox"/> Increase in number of dependents due to birth, adoption or marriage</td> </tr> <tr> <td><input type="checkbox"/> Decrease in number of dependents due to death, divorce or loss of eligibility</td> </tr> </table>	Change in Number of Dependents	<input type="checkbox"/> Increase in number of dependents due to birth, adoption or marriage	<input type="checkbox"/> Decrease in number of dependents due to death, divorce or loss of eligibility	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Employment Status</th> </tr> <tr> <td><input type="checkbox"/> Loss of eligibility due to a change in participant, spouse or dependent employment status</td> </tr> <tr> <td><input type="checkbox"/> Gain of eligibility due to a change in participant, spouse or dependent employment status</td> </tr> </table>	Employment Status	<input type="checkbox"/> Loss of eligibility due to a change in participant, spouse or dependent employment status	<input type="checkbox"/> Gain of eligibility due to a change in participant, spouse or dependent employment status		
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### Common Status Change Events

- |   |  |
|---|--|
| <b>Change in Legal Marital Status:</b>                                    | This pertains to any event associated with a change in an employee's legal marital status. Common examples include marriage, death of a spouse, divorce, legal separation and annulment.   |
| <b>Number of Dependents:</b>  | This pertains to any event associated with a change in an employee's number of dependents. Common examples include birth, death, adoption and placement of adoption. A dependent is formally defined to be a tax dependent under Code Section 152.                               |
| <b>Dependent Satisfies or Ceases to Satisfy Eligibility Requirements:</b> | This pertains to any event that causes an employee's dependent to satisfy or cease to satisfy eligibility requirements for coverage. The most common example is a dependent attaining a certain age.   |
| <b>Employment Status:</b>   | This pertains to any event associated with a change in employment status of an employee, the employee's spouse or an employee's dependent. Common examples include loss of employment, gain of employment, and loss or gain of eligibility due to part-time or full-time status. |
| <b>Adoption Assistance:</b>   | This pertains to any event associated with the commencement or termination of an adoption proceeding.  |

# Flexible Benefits Status Change Form

## Step 3 of 4: Election Change Information

Medical Spending Account / Limited FSA (please circle one)		
*Date of qualifying event (mm/dd/yyyy)		
*Date of first payroll deduction (mm/dd/yyyy)	A.	The first payroll the change in election will affect
*Previous annual election		
*New annual election	B.	The new annual election cannot be lower than the contributions to date, the total claims paid or greater than the employer designated maximum
*Contributions to date	-	C.
*Remaining contributions	=	D.
*Number of remaining pay Periods	÷	E.
*New per pay period deduction amount	=	

*Enter the total contributions prior to the date placed in box A*  
*Subtract box C from box B. This will total the contributions for the rest of the plan year*  
*The number of pay periods from box A through the end of the plan year*  
*Divide box D by box E to calculate the new amount to be deducted each pay period*

Dependent Care FSA		
*Date of qualifying event (mm/dd/yyyy)		
*Effective date of change in election (mm/dd/yyyy)		
*Date of first payroll deduction (mm/dd/yyyy)	A.	The first payroll the change in election will affect
*Previous annual election		
*New annual election	B.	The new annual election cannot be lower than the contributions to date, the total claims paid or greater than the employer designated maximum
*Contributions to date	-	C.
*Remaining contributions	=	D.
*Number of remaining pay periods	÷	E.
*New per pay period deduction amount	=	

*Enter the total contributions prior to the date placed in box A*  
*Subtract box C from box B. This will total the contributions for the rest of the plan year*  
*The number of pay periods from box A through the end of the plan year*  
*Divide box D by box E to calculate the new amount to be deducted each pay period*

## Step 4 of 4: Authorization and Signatures

I understand that this Status Change Form must be submitted within a reasonable amount of time as deemed by the IRS and my employer. Further, I understand the election change I have requested must be consistent with the change in status event and the effective date of the election change may not be prior to the qualifying event date. I certify that the above information is accurate.

\*Employer Signature

\*Date (mm/dd/yyyy)

\*Participant Signature

### Employees:

Return completed form to: U.S. Bank Healthcare Payment Solutions, c/o HCB CS, P.O. Box 6122, Fargo, ND 58108-6122.

You may also FAX: 888-403-5029.

If you have any questions, please call U.S. Bank Consumer Services at (877)-470-1771 (M-F, 7 am-7 pm CT).