

**2018
FLEXIBLE BENEFITS PLAN
CHANGE FORM**



M.A. SERVICES
PO Box 587
PITTSFORD, NY 14534
PHONE: 800.836.8100
FAX: 585.248.2488

EMPLOYEE INFORMATION (Please Print)											
Employer:	Plan Year:										
Employee Name:	Employee SSN: <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>										
Address:	City, State, Zip code										

PERSONAL DATA CHANGE (Please Print)	
<input type="checkbox"/> Name Change:	
(Former Name)	
<input type="checkbox"/> New Address:	

FAMILY STATUS CHANGE (Due to one or more of the following) (Please Print)	
<input type="checkbox"/> Marriage/Divorce	Date:
<input type="checkbox"/> Birth/Adoption	Date:
<input type="checkbox"/> Death	Date:
<input type="checkbox"/> Spouse Employment Change (Employment, Unemployment, part-time to full-time, full-time to part-time)	Detail:
<input type="checkbox"/> Change in Employment Status of Employee/Flex Participant	Detail:
<input type="checkbox"/> Other: (MUST provide detailed explanation)	Detail:

Include New Per Pay Deduction:	New Annual Election Amount (subject to plan approval)	Requested Payroll Date Change (subject to payroll processing)
Health Expense		
Dependent Care		
Adoption Assistance		

Employee Authorization: _____ Date: _____

Received & Processed on: _____