

**2019
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" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; background-color: black;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
Address:	City, State, Zip code										

PERSONAL DATA CHANGE (Please Print)		
<input type="checkbox"/> Name Change:		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">(Former Name)</td> <td style="padding: 2px;"></td> </tr> </table>	(Former Name)	
(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 Requested New Per Pay Deduction:	Requested New Annual Election Amount (subject to plan approval)	Requested Payroll Date Change (subject to payroll processing)
Health Expense (FSA/HRA)		
Dependent Care (DC)		
Adoption Assistance (AA)		
Other (PBA, OHI, HI, etc.)		

Employee Authorization: _____ Date Submitted: _____

Received & Processed on: _____