



**STATUS CHANGE FORM**  
*Flexible Spending Account*

Use this form to make a change in your current year FSA elections. Please complete the form and return to your Human Resources Department within 30 days of the change in your status. The Human Resources Department will review your request and make a determination as to whether the request is in accordance with IRS regulations and fax it to CHC at 301-306-2509.

In order to be eligible to make those changes, there must be a status change event in accordance with the IRS Consistency Rule.

- Change in Legal Marital Status: Events that change an employee’s legal marital status, including: marriage, annulment, legal separation, divorce, or death of a spouse.
- Change in Number of Dependents: Events that change an employee’s number of dependents, including: birth, adoption, placement for adoption and death of a dependent. A dependent is formally defined to be a tax dependent under Code Section 152. This rule will not allow for election changes for non-tax dependents such as parents, domestic partners and children of domestic partners.
- Change in Employment Status: Events that change the employment status of the employee, the employee’s spouse, or the employee’s dependent, including: a termination or commencement of employment, a strike or lockout, a commencement or return from an unpaid leave of absence, a change in worksite, or a switch from salaried to hourly paid with the consequence that the employee ceases to be eligible for the plan.

**Other acceptable change events related strictly to Dependent Care:**

- A change in day care provider
- A change in the cost of day care. (This does not apply when the provider is a relative.)

Employee Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Employer Name \_\_\_\_\_

Election Date \_\_\_\_\_ Date of Status Change \_\_\_\_\_

**Note:** The later of the Election Date or the Date of Status Change is the date that will be used for the effective date of the change. The date the election change goes into effect must be prospective. Retroactive elections are not allowed.

**Election Change Options:**

1. Cease participation in Health Care FSA \_\_\_\_\_ Last Contribution Date \_\_\_\_\_
2. Cease participation in Dependent Care FSA \_\_\_\_\_ Last Contribution Date \_\_\_\_\_
3. Change Annual Election as shown below:

Pay Period Effective Date (must be prospective): \_\_\_\_\_

	Previous Annual Election	New Annual Election	New Per Pay Period Amount
Health Care FSA	\$ _____	\$ _____	\$ _____
Dependent Care FSA	\$ _____	\$ _____	\$ _____

**I have read and fully understand the rules governing the change in my FSA elections. I understand that this Status Change Form must be completed within 30 days of the change in status event, and the election change I am requesting must be consistent with the change in status event. I understand retroaction election changes are not allowed and that my election change will be effective on the later of the Election Date or Date of Status Change. I certify that the above information is true and correct, and agree to provide any necessary third-party documentation to verify the change in status event.**

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_ Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

CHC Approval \_\_\_\_\_ Date \_\_\_\_\_