

CHANGE IN STATUS FORM

Please use this form for all FSA changes in status requests and terminations. Please complete entire form.

Name of Employer: Charlotte Public Schools

Name of Employee: _____ SS#: _____

Changes for Health Care Account or Dependent Care Account

- Change in Employee's Legal Marital Status
Please circle: Marriage Divorce Legal Separation Death
- Change in Number of Employee's Dependents
Please circle: Birth Death Adoption No longer IRS dependent
- Change in Employment Status of Employee, or Spouse
Please circle: Termination Retired Change in hours (part time) Layoff
- Change in Place of Residence of Employee, or Spouse

Date of Event for Health Care or Dependent Care change: _____

Changes for Dependent Care Accounts ONLY**These changes only apply to the Dependent Care Account**

- Change in Day Care: Change in rate Change in provider
- Change in Benefits Offered under Cafeteria Plan:
Employer added new benefits or option Employer dropped existing benefit or option
Significant Cost Increase (Employer initiated change)

Date of Event for Dependent Care change: _____

Please change my elections as follows:

Health Care Flex Account FROM \$: _____ TO \$: _____
Dependent Care Flex Account FROM \$: _____ TO \$: _____

First Payroll Effective: _____

Employee Signature: _____ Date _____

Employer Signature (HR Dept.) _____ Date _____

Please send the completed form to Varipro at the address below, Attn: Flex Department or fax per the number provided.