Clear Form

QUALIFYING STATUS CHANGE
FLEXSOLUTIONS

All changes must be made within 30 days for an effective change date of the first of the following month.

TO: Human Resources Dept. COMPANY: _____

FROM: _____ DEPT.: _____

I am advising you of a Qualifying Status Change for the following reason(s):

☐ **Gain a dependent** (marriage, birth, adoption, stepchild, custody change) *Identify below*

☐ **Lose a dependent (**divorce, legal separation, death, or loss of eligible status) *Identify below*

☐ **Dependent: Employment Status Change** (begins or ceases employment, reduction or increase in hours, moves into ineligible class or vice versa) **OR a non-student dependent regains eligibility** *Identify below*

Name	BirthDate	Social Security No.	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Reason: _____ Date of Event _____

☐ **Unpaid Leave by Employee or Spouse** (disability under 6 months; personal leave up to 90 days; military leave; family care leave)

☐ **Long Term Disability** (inactive status - LTD approved and benefits payable)

☐ **Transfer to Another Location or Company**

Refer to the Qualifying Status Change Matrix to review the benefit option changes allowed based on the event checked above. Make those changes on your FlexSolutions Enrollment Worksheet and either return the Enrollment Worksheet to your Human Resources Department or complete the election online. A confirmation statement will be processed by H. R. and sent to you. (If making an online election, notify your H.R. Department when done so that a confirmation form can be generated.) All benefit changes will be effective on the first of the month following the event. ***It is important that you request a change within 30 days of the event, otherwise it will not be considered as a qualifying status change.***

Check here if you would like:

☐ **New Federal and State Tax withholding forms; and/or**

☐ **Change of Beneficiary forms for the Benefits Programs**

☐ **Name Change to** _____

☐ **Address Change to** _____
Number & Street City State Zip

☐ **Phone Number Change to** (____) _____

_____ _____
Signature **Date**