

# Archdiocese of Cincinnati Flexible Spending Account (FSA) Change of Status Request Form



EMPLOYEE INFORMATION (PLEASE PRINT)			
First Name		Home Phone	(     )     -
Last Name		Work Phone	(     )     -
SSN / Employee ID		Email Address (For Notification of Processed Claims, Reimbursements & Account Status)	
Street Address (Check if New Address <input type="checkbox"/> )			Apt#
City		State	ZIP

CHANGE OF PERSONAL INFORMATION/BANKING INFORMATION/EMPLOYMENT INFORMATION
<p>Please check the box next to your Change.</p> <p><input type="checkbox"/> New Hire</p> <p><input type="checkbox"/> Termination of Employment</p> <p><input type="checkbox"/> Change in Personal Information above (ex. Address Change)</p> <p><input type="checkbox"/> Banking</p> <p>Bank Name _____</p> <p>Routing Number _____</p> <p>Account Number _____</p> <p>Checking or Savings _____</p>

CHANGE OF STATUS
<p>Please check the box next to the Qualifying Event and provide a brief explanation on the line below. Check all categories that apply. You may be required to provide documentation supporting your qualifying event.</p> <p><input type="checkbox"/> Change in Marital Status (marriage, divorce, death of spouse, legal separation or annulment)</p> <p><input type="checkbox"/> Change in Number of Dependents (birth, adoption, or death)</p> <p><input type="checkbox"/> Change in Employment and/or Eligibility of Spouse or Dependent</p> <p><input type="checkbox"/> Change in Daycare Provider and/or Rates (dependent care reimbursement account only)</p> <p>Explanation _____</p>

CHANGE OF ELECTION
<p><b>Healthcare –Flexible Spending Account (FSA)</b> Out-of-pocket medical, dental and vision expenses.</p> <p><b>Payroll Deduction Amount X (Number of Pays)= Annual Election</b> \$ _____ \$ _____</p>
<p><b>Dependent Care –Flexible Spending Account (FSA)</b> Child and/or adult daycare expenses</p> <p><b>Payroll Deduction Amount X (Number of Pays)= Annual Election</b> \$ _____ \$ _____</p>

CERTIFICATION (MUST BE COMPLETED)
<p>I hereby certify that the Information supplied on this form is true and accurate.</p> <p>Employee Signature: _____ Date: _____</p>

FOR HR USE ONLY
<p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Effective Date of Change _____ Healthcare Administrator Signature _____</p>