Discovery Benefits
simplify.®

** Leave of Absence (LOA) information must be submitted on an LOA Form**

Step 1 of 4: Participant Information
*=Required Fields

*Employer Name (Do not abbreviate)

*Employee ID

*Participant Name (First, MI, Last)

*Social Security Number

*Participant Mailing Address

Email Address (If provided, all notifications will be sent via email)

*City

*State   *Zip

*Day Telephone

*Birth Date (mm/dd/yyyy)

*Hire Date (mm/dd/yyyy)

*Pay Frequency (**Please circle one**):
 Monthly / Semi-Monthly / Bi-Weekly / Weekly / Other

Gender (**Please circle one**): Male / Female

Marital Status (**Please circle one**): Married / Single

Step 2 of 4: Qualifying Event Information
*Please select the qualifying event that applies to the request for an election change. In accordance with the IRS Consistency Rule, changes to a cafeteria plan election due to a change in status must be consistent with the effect the change in status has on eligibility under the plan.

Change in Number of Dependents	
	Increase in number of dependents due to birth, adoption or marriage
	Decrease in number of dependents due to death, divorce or loss of eligibility

Employment Status	
	Loss of eligibility due to a change in participant, spouse or dependent employment status
	Gain of eligibility due to a change in participant, spouse or dependent employment status

Dependent Care Only Changes	
	Change in day care provider
	Change in the cost of day care
	Judgment, decree or order requiring change in coverage

Other	
	Entitlement to or loss of Medicare or Medicaid coverage
	Special requirements relating to Family and Medical Leave Act (FMLA)
	COBRA election under employer's plan

Common Status Change Events

Change in Legal Marital Status:	This pertains to any event associated with a change in an employee's legal marital status. Common examples include marriage, death of a spouse, divorce, legal separation and annulment.
Number of Dependents:	This pertains to any event associated with a change in an employee's number of dependents. Common examples include birth, death, adoption and placement of adoption. A dependent is formally defined to be a tax dependent under Code Section 152.
Dependent Satisfies or Ceases to Satisfy Eligibility Requirements:	This pertains to any event that causes an employee's dependent to satisfy or cease to satisfy eligibility requirements for coverage. The most common example is a dependent attaining a certain age.
Employment Status:	This pertains to any event associated with a change in employment status of an employee, the employee's spouse or an employee's dependent. Common examples include loss of employment, gain of employment, and loss or gain of eligibility due to part-time or full-time status.
Adoption Assistance:	This pertains to any event associated with the commencement or termination of an adoption proceeding.

3216 13TH AVE S · PO BOX 2926 · FARGO, ND 58108-2926
PHN: 701.451.3399 · 866.451.3399 · FAX: 866.451.3245
DISCOVERYBENEFITS.COM

FSA · HSA · HRA · COBRA · Transportation

Discovery Benefits
simplify.®

Step 3 of 4: Election Change Information

Medical Spending Account / Limited FSA (please circle one)		
*Date of qualifying event (mm/dd/yyyy)		
*Date of first payroll deduction (mm/dd/yyyy)	**A.**	The first payroll the change in election will affect
*Previous annual election		
*New annual election	**B.**	The new annual election cannot be lower than the contributions to date, the total claims paid or greater than the employer designated maximum
*Contributions to date -	**C.**	Enter the total contributions prior to the date placed in box A
*Remaining contributions =	**D.**	Subtract box C from box B. This will total the contributions for the rest of the plan year
*Number of remaining pay Periods ÷	**E.**	The number of pay periods from box A through the end of the plan year
*New per pay period deduction amount =		Divide box D by box E to calculate the new amount to be deducted each pay period

Dependent Care FSA		
*Date of qualifying event (mm/dd/yyyy)		
*Effective date of change in election (mm/dd/yyyy)		
*Date of first payroll deduction (mm/dd/yyyy)	**A.**	The first payroll the change in election will affect
*Previous annual election		
*New annual election	**B.**	The new annual election cannot be lower than the contributions to date, the total claims paid or greater than the employer designated maximum
*Contributions to date -	**C.**	Enter the total contributions prior to the date placed in box A
*Remaining contributions =	**D.**	Subtract box C from box B. This will total the contributions for the rest of the plan year
*Number of remaining pay periods ÷	**E.**	The number of pay periods from box A through the end of the plan year
*New per pay period deduction amount =		Divide box D by box E to calculate the new amount to be deducted each pay period

Step 4 of 4: Authorization and Signatures

I understand that this Status Change Form must be submitted within a reasonable amount of time as deemed by the IRS and my employer. Further, I understand the election change I have requested must be consistent with the change in status event and the effective date of the election change may not be prior to the qualifying event date. I certify that the above information is accurate.

*Employer Signature   *Date (mm/dd/yyyy)

Participant Signature

3216 13TH AVE S · PO BOX 2926 · FARGO, ND 58108-2926
PHN: 701.451.3399 · 866.451.3399 · FAX: 866.451.3245
DISCOVERYBENEFITS.COM

FSA · HSA · HRA · COBRA · Transportation