CHARDSNYDER™
a WEX™ company

Participant Change of Status Request Form

Company Information (PLEASE PRINT)	
Company Name	Division (If applicable)

Participant Information (PLEASE PRINT)			
Last Name		Primary Phone	
First Name		Secondary Phone	
SSN / (or Alternate Employee ID)	Date of Birth (mm/dd/yyyy)	Email Address (For Account Notifications)	
Street Address			
City		State	Zip

If your qualifying event was incurred by a spouse or eligible dependent, please provide the following information:

Name	**Relationship to Participant**	**Date of Birth**

Change of Status **No Changes ☐**

Please check the box next to your Change of Status

- ☐ Change in Marital Status (marriage, divorce, death of a spouse, legal separation or annulment)
- ☐ Change in Number of Dependents (birth, adoption, or death)
- ☐ Change in Employment and/or Eligibility of Self, Spouse or Dependent
- ☐ Change in Daycare Provider and/ or Rates (Dependent Care Reimbursement Account Only)
- ☐ Leave of absence in accordance with the Family Medical Leave Act:
  Check one: ☐ Pre-Pay Option ☐ Catch-Up Option ☐ Opt-Out Option ☐ Pay As You Go
- ☐ Other Change

Explanation: _____

_____

Change of Election

Healthcare –Flexible Spending Account (FSA)
Out-of-pocket medical, dental and vision expenses

Payroll Deduction Amount X (Number of Pays) = Annual Election

$_____ **X** _____ **= $**_____

Dependent Daycare –Flexible Spending Account (FSA)
Child and/or adult daycare expenses

Payroll Deduction Amount X (Number of Pays) = Annual Election

$_____ **X** _____ **= $**_____

Mid-year election changes for Healthcare FSA and Dependent Daycare FSA plans - You may not lower your election to more than what you have already been reimbursed nor can elections be lowered to less than amounts already contributed.

Certification

I hereby certify that the information supplied on this form is true and accurate. **I understand that if I submit a false or deceptive statement, I am guilty of insurance fraud under state and/or federal law.**

Employee Signature _____

Date _____

(For HR office use only)

☐ Approved ☐ Denied

Effective Date : _____

HR Representative Initials: _____

Participant Change of Status
Request Form Instructions

1. **Complete all company and employee information** on the front page (please print/type)
2. **Check the box** next to the change of status you have experienced
3. **Provide an explanation** of the event if you checked *Other*
4. **Fill in the spaces** for the deduction(s) you wish taken from your pay each pay period, the number of pay periods left in the year and the total amount for the year
5. **Return this form** to your Human Resource Representative on or before the end of your change of status grace period