



Employee Status Change Form Flexible Spending Account Plan

Please complete the following and fax this form to 252-265-5998 whenever a status change occurs.

Company Name _____

Employee Name _____

Social Security Number _____

Date of Termination
or Status Change _____

Type of Status Change: Termination Layoff
 Marriage Divorce / Legal Separation
 Birth / Adoption of a Child Leave of Absence
 Reduction in Work Hours Death

Original Payroll
Deductions Medical FSA \$ _____
 Dependent Care FSA \$ _____

New Payroll
Deductions Medical FSA \$ _____
 Dependent Care FSA \$ _____

Additional Information / Comments:

Human Resources Representative Signature

Date