



FLEXIBLE SPENDING ARRANGEMENT EMPLOYEE "CHANGE IN STATUS" FORM

Section I – Employee Information

Last Name, First Name		Employee SSN	Company	
Address	<input type="checkbox"/> Address Change	City	St	Zip
				EFFECTIVE DATE

ASI FLEX BENEFITS CARD HOLDERS PLEASE NOTE: Upon termination, your ASI Flex Benefits Card will be turned off and you may submit claims for reimbursement via the manual claim form only.

Instructions

1. Complete Section I — Employee Information. Fill this section out completely to ensure proper enrollment.
2. Complete Section II — Change in Status. Fill this section out indicating the qualifying event (Documentation Required)
3. Complete Section III — Elections. Indicate your new election amounts.
4. Complete Section IV — Signature. Return the enrollment form to the appropriate contact.

Section II – Change In Status (Please clarify change in status below)

Change in Status: _____

Section III – Change of Election

HCFSAs:	_____	x _____	+	_____	=	_____
	New per Paycheck	# of Paychecks Remaining		YTD Contributed		New Annual Election
DCFSAs:	_____	x _____	+	_____	=	_____
	New per Paycheck	# of Paychecks Remaining		YTD Contributed		New Annual Election
Notes _____						

TERMINATION / UNPAID LEAVE OF ABSENCE

___ HCFSAs:

___ Arrange a schedule to "catch up" payments upon return. (Note: Applies only to FMLA leave and requires PRIOR employer approval. You will not be able to claim expenses incurred during leave unless you make arrangements with your employer BEFORE going on leave.)

___ Terminate contributions and participation (For FMLA leave: Upon return you may resume the same deductions [automatically decreases annual election] or increase deductions to maintain your annual election.) All expenses incurred during leave are ineligible for reimbursement.

___ DCFSAs: Terminate contributions and allow reimbursement for eligible expenses. (Note: Only expenses incurred while gainfully employed or active search of gainful employment will be reimbursed).

Section IV – Signature

Employee's Signature X	Date
Employer's Signature X	Date

Return completed form and documentation to Employee Health, Wellness, & Workers' Compensation via:

Phone: (207) 624-7380

Email:
Info.Benefits@maine.gov

61 State House Station
Augusta, Me. 04333-0061

CHANGE OF ELECTION DUE TO CHANGE IN STATUS (PER IRS REGULATIONS)

The regulations permit a participant to revoke an existing election and to make a new election for the remaining portion of the year due to certain events ("Change in Status Elections").

1. **Cost Changes:** If the cost of a health plan provided by a third party administrator increases or decreases, the plan may automatically increase or decrease participant's contributions (Premium Conversion Only). If the cost of providing daycare changes outside of the participant's control the participant may make a new election for the Day Care Flexible Spending Arrangement. Cost changes do not apply to Health FSAs.
2. **Coverage Changes:** If the coverage under a health plan is curtailed or ceases, the participant may revoke their elections and receive coverage under another health plan (Adjust the premiums only- not the Medical Reimbursement Arrangements- consistent with the change in coverage). A change in provider or in hours of daycare may allow for a Day Care FSA change.
3. **Changes in Status:** (Subject To Consistency Rules as defined in #4): A participant may revoke a benefit election and make a new election for the remaining portion of the plan year. Examples are:
 - a) Marriage, divorce, legal separation, or annulment.
 - b) Change in number of dependents, including birth, adoption, placement for adoption, or death of a dependent (includes spouse).
 - c) Change in work schedule, including an increase or decrease in the number of hours of employment by the employee, spouse or dependent, including a switch between full-time and part-time status, a strike or lockout, or commencement or return from an unpaid leave of absence.
 - d) The dependent satisfies or ceases to satisfy the requirements for unmarried dependents, An event that causes an employee's dependent to satisfy or cease to satisfy the requirements for coverage due to attainment of age, student status or any similar circumstances as provided under the accident or health plan under which the employee receives coverage.
 - e) A change in the place of residence or work site of the employee, spouse, or dependent.
4. **Consistency Rules:** Election changes must be consistent with the change in status. The change in status must result in the employee, spouse, or dependent gaining or losing eligibility for coverage under the employee's FSA or the health plan of the spouse's or dependent's employer. In addition, the election change must correspond with the gain or loss of that coverage.
5. **Separation from Service:** If the employee revokes existing elections and terminates the receipt of benefits for the remainder of the plan year, then the employee is prohibited from making new elections should they return to service.
6. **Cessation of Required Contributions:** A benefit will cease to be provided if the employee fails to make the required premium payments with respect to the benefit.

IMPORTANT – Employer is required to offer continuation of coverage under a Health Care FSA only when the Health Care FSA is under spent (meaning the EE has contributed more than reimbursed).