

Qualified Status Change Form



USAdmin Services, LLC (Febco Division)

Participant Information

Employer Name: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number: _____ Birthdate: _____

Change in Status: (Check all that apply)

Date Event Occurred: _____

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Change in legal marital status | <input type="checkbox"/> Birth of a child | <input type="checkbox"/> Death of a dependent | <input type="checkbox"/> Adoption of a child |
| <input type="checkbox"/> Change in dependent eligibility | | <input type="checkbox"/> Day care rate changes by 10% or more, you enrolled your child in a different plan. | |
| <input type="checkbox"/> Employment status change that affects eligibility for health insurance benefits only, for you, your spouse or any dependent. | | <input type="checkbox"/> Change in coverage. For DCA change in daycare provider | |
| <input type="checkbox"/> Change in residence required by my employer affecting eligibility (i.e. moving to an area that would require you select a new or other insurance plan) | <input type="checkbox"/> Other (please explain) | _____ | _____ |

Incomplete forms will not be processed

As a result of the status change indicated above on this form, I am requesting the following:

- To replace my current election with a new election. I understand that only expenses incurred on or after the date of my qualifying event are eligible for reimbursement with my new election. I now choose to CANCEL my current election and replace it with the following amount for the remainder of this plan year.
- Elect to participate: I wish to begin participation in a pretax benefit account for the remainder of this plan year.
- Cancel my current election.

Account Type: _____ Old Per pay amount: \$ _____ New Per pay amount: _____

Signature (Incomplete forms will not be processed)

Employee Signature: _____ Date: _____

**Fax this form to: (502) 695-9692 or
(423) 634-0625**

USAdmin Services, LLC (Febco Division)
PO Box 11045
Chattanooga, TN 37401

www.febco.com

Form: STATUSCHANGE

Customer Service: 1-855-872-3646