

FSA Qualifying Event/Change Form

City of Montgomery

- Instructions: 1. Complete, sign, and date request for Qualifying Event Change
2. Return completed form to the City of Montgomery Benefits Division

Employee Name:		SSN:	
Address:			
City:		State:	
		Zip:	

Date of Qualifying Event:		Enrollment Effective Date:	
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Qualifying Event (mark all that apply)		
<input type="checkbox"/> Marriage	<input type="checkbox"/> Death	<input type="checkbox"/> Birth of Child
<input type="checkbox"/> Termination/Change in hours	<input type="checkbox"/> Loss of Eligibility of Dependent	<input type="checkbox"/> Change in employment (spouse)
<input type="checkbox"/> Divorce	<input type="checkbox"/> FMLA (FSA changes only)	<input type="checkbox"/> Adoption
<input type="checkbox"/> Other:		

Type of Change Requested (mark one)		
<input type="checkbox"/> Change Existing Account	<input type="checkbox"/> Start Account	<input type="checkbox"/> Terminate Account

Calculate Your New Election		
Election Change	New Per Pay Period	New Annual Election
Healthcare FSA	\$	\$
Dependent Care FSA	\$	\$

I understand this form must be completed within 30 days of the change in status event, and the election change must be consistent with the qualified event. I understand retroactive changes are not permitted and I may be asked to provide written documentation regarding the qualifying event.

Employee Signature

Date

Approved Employer Representative Signature

Date



Submit signed Change Request Form to the City of Montgomery Benefits Division