

How to File

Form can be submitted by mail.

To submit by mail print form and mail along with Employer's Approval to: Flexible Benefit Administrators, Inc.
P.O.Box. 8188, Virginia Beach, VA 23450

Note:

- Documentation must be attached verifying the family status change.

Information

Employee's

Employer's Name

E-Mail address (For Notification of Processed Claims, Reimbursement & Account Status)

Social Security Number or Employee ID #

Print name

Change

I have changed my status due to:

- Marriage
- Divorce, Legal Separation or Annulment
- Birth, Adoption, or Placement for adoption of a child
- Death of my spouse/dependent
- Termination or commencement of employment by my spouse or dependent
- Switching from part-time to full-time (or vice-versa) employment on the part of me or my spouse, or dependent or reduction or increase in hours, strike or lockout
- I, my spouse or dependent have taken an unpaid leave of absence
- A change in the residence or worksite of myself, my spouse or dependent
- My dependent satisfies or ceases to satisfy the requirements for coverage

Other:

Please specify

Type of Account

Current Election

New Election

This change is to become effective on:

Employee's:

Signature

Date

Approved By:

Authorized Contact (Approved Employer Contact)

Title