

UTAH STATE UNIVERSITY

Flexible Spending Account (FSA)

Change in Benefit Election

Employee Name: _____

USU Employee ID Number (EIN) or Social Security Number: _____

Address: _____

Reason for Change (circle):	Date of Event _____				
1) Marital Status Change	Marriage	Divorce	Death	Annulment	Legal Separation
2) Number of Dependents	Birth	Adoption	Death	Marriage (of dependent)	
	Age	Student status	Military	Child turned 13 (Dependent Care only)	
	Other	_____			

3) Change in Employment Status _____
 (Explanation)

4) Change Dependent Care Provider _____
 (From → To)

5) Judgment, Decree, or Court Order _____
 (Describe)

6) FMLA _____
 Begin / End (circle one)

7) COBRA event _____
 (Describe)

Explanation if required: _____

	<u>Deduction Per Check</u>		<u>Annual Plan Election</u>	
	<u>Current Amt</u>	<u>New Amt</u>	<u>Old Total</u>	<u>New Total</u>
Health Care FSA	_____	_____	_____	_____
Dependent Care FSA	_____	_____	_____	_____

I certify that the above event has occurred that caused the change in my election for the remainder of this plan year.

 Employee Signature _____
Date

Departmental Benefits Representative Use Only

Effective Date of New Paycheck Deduction: _____

-OR-

End of Employment on _____

Last paycheck issued on _____

Departmental Benefits Representative Signature