PlusPoint

Flexible Benefit Accounts
Change in Life Status Form

Remit To:
Plus Point Services
307 oak street
hood river, or 97031
PHONE: 541.386.1696
FAX: 541.386.2280
EMAIL: Admin@pluspoint-tpa.com

Please print clearly and complete all fields:

Section A: Employer and Employee Information

Employer Name:		Date of Life Event:	
Employee Name:		Date of Hire:	
SSN:		Home Phone:	
Employee Address:			
City:		State:	Zip:
Email Address:			

Pay Cycle: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ Other:

Section B: Reduction Change

Health FSA Reimbursement Account: **Effective Date of Change:** ------/-------/----------

Old Payroll Reduction: ---------- **New Payroll Reduction:** ----------

Dependent Care Reimbursement Account: **(Maximum Annual Election is $5,000) Effective Date of Change:** ------/-------/----------

Old Payroll Reduction: ---------- **New Payroll Reduction:** ----------

Section C: Change in Life Status

FSA/DCAP Eligible Changes:

- ☐ Marriage
- ☐ Divorce/Legal Separation
- ☐ Birth/Adoption of a Child
- ☐ Death in the Family
- ☐ Addition/Loss of "Dependent" Status
- ☐ Medicare Entitlement
- ☐ Spouse Becomes Unemployed
- ☐ Spouse Becomes Employed
- ☐ Employee - Part-time to Full-time or Full-time to Part-time
- ☐ Spouse - Part-time to Full-time or Full-time to Part-time
- ☐ Change in Residence (not covered under insurance plan)
- ☐ Employee Receives a Qualified Medical Child Support Order

Additional Eligible DCAP Changes:

- ☐ Significant change in Daycare Provider rates/fees
- ☐ Change in Daycare Provider

A participant who experiences a Change in Life Status has thirty days from the date of the Change in Life Status to submit this change form.

Section D: Authorization

I authorize my employer to make adjustments to my reduction per pay period and reduce my compensation by the new Salary Reduction amount shown above. I understand that this new election is irrevocable and can only be changed if another Change in Life Status is experienced.

Employee Signature: _____ Date: _____

Section E: For Employer Use Only

The first pay date the new reduction will take effect on: ---------/--------/----------