

**CHANGE IN STATUS FORM**

Please use this form for all FSA changes in status requests and terminations. Please complete entire form.

Name of Employer: **Kent County**

Name of Employee \_\_\_\_\_ SS# \_\_\_\_\_

**Changes for Health Care Account or Dependent Care Account**

Change in Employee's Legal Marital Status

Please circle:    Marriage                  Divorce    Legal Separation    Death

Change in Number of Employee's Dependents

Please circle:    Birth                  Death                  Adoption                  no longer IRS dependent

Change in Employment Status of Employee, or Spouse

Please circle:    Termination      Retired                  Change in hours (part time)      Layoff

Change in Place of Residence of Employee, or Spouse

**Date of Event for Health Care or Dependent Care change:** \_\_\_\_\_

**Changes for Dependent Care Accounts ONLY**

**\*\*These changes only apply to the Dependent Care Account\*\***

Change in Day Care:                  Change in rate                  Change in provider

Change in Benefits Offered under Cafeteria Plan:

Employer added new benefits or option      Employer dropped existing benefit or option  
Significant Cost Increase (Employer initiated change)

**Date of Event for Dependent Care change:** \_\_\_\_\_

**Please change my elections as follows:**

Health Care Flex Account      FROM \$: \_\_\_\_\_ TO \$: \_\_\_\_\_

Dependent Care Flex Account      FROM \$: \_\_\_\_\_ TO \$: \_\_\_\_\_

**First payroll effective:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Employer Signature (HR Dept)** \_\_\_\_\_ **Date** \_\_\_\_\_

Send completed form to: Varipro

Attn: Flex Department  
5300 Patterson Ave SE, Suite 150  
Grand Rapids, MI 49512  
616) 285-2480 or (800) 732-3412 Fax (616) 285-0701