2022 Flexible Benefits Plan Change of Status Guidelines



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Qualified Change of Status Guidelines for Mid-Plan Year Medical FSA Election Changes and Dependent Day Care Election Changes.

Desired election changes must be consistent with a Change in Status Event

Qualifying Events for Medical FSA changes

Increase Medical FSA election ONLY:

- Marriage
- Birth or adoption of child
- Child who gains dependent status

Decrease Medical FSA election ONLY:

- Divorce
- Child no longer qualifies as a dependent
- Death of dependent

Increase OR Decrease Medical FSA election:

- If your spouse or dependent:
 - o Starts or ends a iob
 - Increases or decreases work hours
 - Gains or loses eligibility from their employer sponsored health insurance or health flexible spending coverage
- Going on or returning from FMLA leave as allowed by FMLA requirements and Plan Rules (applies to medical insurance benefits, health FSA & DCAP Benefits)
- Certain Judgements, Decrees, and Orders
- If you, your spouse, or dependent gain or lose Medicare or Medicaid coverage



Qualifying Events for Dependent Care changes

Increase Dependent Care election ONLY:

Birth or adoption of child

Decrease or Terminate Dependent Care election ONLY:

- Child or dependent is no longer a qualifying dependent (ex. Child turns 13 years old)
- Divorce and child(ren) no longer reside with you

Increase OR Decrease Dependent Care election:

- Change of daycare provider arrangement
- Cost of care changes (unless care provider is a relative)
- Need for care changes due to:
 - Job change
 - Change of work hours

Questions?

For more information, contact M.A. Services, your Flexible Benefits Administrator by calling toll free 1-800-836-8100 or e-mail us at info@flexbene.com.

*Please note: Submitting a Change Form to M.A. Services does not guarantee that the change to your Plan Year election will occur.

The Plan Administrator shall determine whether a requested change is on account of and corresponds with a qualifying Change in Status.

If any change in Election Event occurs, you must inform the Plan Administrator and complete a Change Form Request within thirty days after the occurrence.