



# Employee Status Change Form

Please Print Clearly

This form must be sent to TEA directly from the employer's Human Resource Department. Please Complete the following and fax to 704.944.6076 or email to [benefits@letscatapult.org](mailto:benefits@letscatapult.org)

COMPANY NAME:

\_\_\_\_\_

EMPLOYEE NAME:

\_\_\_\_\_

SOCIAL SECURITY NUMBER:

\_\_\_\_\_

DATE OF TERMINATION OR STATUS CHANGE:

\_\_\_\_\_

TYPE OF STATUS CHANGE:

- TERMINATION
- LAYOFF
- MARRIAGE
- DIVORCE/LEGAL SEPARATION
- BIRTH / ADOPTION OF A CHILD
- LEAVE OF ABSENCE
- REDUCTION IN WORK HOURS
- DEATH
- DCA STATUS CHANGE  
Original Amount \$\_\_\_\_\_ New Amount \$\_\_\_\_\_
- PRM | TRN STATUS CHANGE  
Original Amount \$\_\_\_\_\_ New Amount \$\_\_\_\_\_
- MEDICALFSA STATUS CHANGE (IRS NOTICE 2020-29)  
Original Amount \$\_\_\_\_\_ New Amount \$\_\_\_\_\_
- OTHER

Other Event/Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I may be required to provide the appropriate documentation for any of the changes that I have checked above. The status and participation changes must comply with the Plan.

If approved, I hereby elect the change(s) noted on the attached FSA Status Change Form and attest that the change is made on account of and is consistent with the change in election event.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYER SIGNATURE

\_\_\_\_\_  
DATE