

FSA CHANGE FORM

All fields are required. Incomes forms cannot be processed.

SECTION I: EMPLOYEE INFORMATION. Please print legibly.		
Full Name as it appears on your FSA debit card	Social Security No.	Effective Date of Change (MM/DD/YYYY)
Campus (Please check one): <input type="checkbox"/> ASMSA <input type="checkbox"/> CES <input type="checkbox"/> UAF <input type="checkbox"/> UACCB <input type="checkbox"/> UALR <input type="checkbox"/> UAM <input type="checkbox"/> UAMS <input type="checkbox"/> UAPB <input type="checkbox"/> WRI <input type="checkbox"/> PCCUA <input type="checkbox"/> Other: _____		
SECTION II: CHANGE REQUESTED		
<input type="checkbox"/>	Change of Name New Name: _____	
<input type="checkbox"/>	Change of Address New Address: _____	
<input type="checkbox"/>	Suspend my payroll salary reduction (MUST COMPLETE SECTION III)	
<input type="checkbox"/>	Change of Election (MUST COMPLETE SECTION III) I elect to change my annual salary reduction from \$_____ to \$_____ for the Health Care FSA. I elect to change my annual salary reduction from \$_____ to \$_____ for the Dependent Care FSA.	
SECTION III: CHANGE IN STATUS (for suspension of payroll salary reduction or change of election)		
	Name of Dependent	Date of Event (M M/DD/YYYY)
<input type="checkbox"/>	Marriage	
<input type="checkbox"/>	Divorce	
<input type="checkbox"/>	Death of Spouse or Dependent	
<input type="checkbox"/>	Birth or Legal Adoption	
<input type="checkbox"/>	Ineligible Dependent	
<input type="checkbox"/>	Loss of Coverage	
<input type="checkbox"/>	Leave of Absence	
<input type="checkbox"/>	FMLA	
<input type="checkbox"/>	Termination of Employment	
<input type="checkbox"/>	Other: _____	
SECTION IV: AUTHORIZATION AND SIGNATURE		
I authorize my employer to adjust my pay as required by my election. I acknowledge that my election is irrevocable and will remain in force throughout the plan year unless there is a Change in Stratus.		
Employee Signature	Date Signed	
X		

RETURN THIS FORM TO YOUR HUMAN RESOURCES OFFICE.

REV. May 2021

FOR HR USE ONLY

Signed: _____

Date: _____

