Clear Form

Print Form

# *Pima County Government*
# *Flexible Spending Account (FSA)*
# *Change in Benefit Election*

Employee Name: _____

Pima County Employee ID Number (EIN): _____

Address: _____

_____

**Reason for Change (circle):** **Date of Event** _____

1) Marital Status Change ☐ Marriage ☐ Divorce ☐ Death ☐ Annulment ☐ Legal Separation

2) Number of Dependents ☐ Birth ☐ Adoption ☐ Death ☐ Marriage (of dependent)
☐ Age ☐ Student status ☐ Military ☐ Child turned 13 (Dependent Care only)
☐ Other _____

3) Change in Employment Status _____
(Explanation)

4) Change Dependent Care Provider _____
(From → To)

5) Judgment, Decree, or Court Order _____
(Describe)

6) FMLA or unpaid leave Check one: ☐ Begin ☐ End

7) COBRA event _____
(Describe)

Explanation if required: _____

| | Deduction Per Check | | Annual Plan Election | |
|---|---|---|---|---|
| | Current Amt | New Amt | Old Total | New Total |
| Health Care FSA (GM) | _____ | _____ | _____ | _____ |
| Dependent Care FSA (GN) | _____ | _____ | _____ | _____ |

I certify that the above event has occurred that caused the change in my election for the remainder of this plan year.

_____ _____
Employee Signature Date

**Departmental Benefits Representative Use Only**

Effective Date of New Paycheck Deduction: _____

-OR-

End of Employment on _____

Last paycheck issued on _____

_____
Departmental Benefits Representative Signature

**CHG-FLEX 2006/07**