

Medical Reimbursement Change in Status Form

Company Name (Print) _____

Employee Information Check if new address Check if new last name

Employee Name (Print) _____

Social Security Number _____ / _____ / _____

Address _____

I have had the following change (as defined in the Plan) since I signed the Election Form:

- I have had a leave of absence and/or layoff effective _____ / _____ / _____
- I have terminated employment effective _____ / _____ / _____
Last day to incur eligible expenses _____ / _____ / _____
- I have married (please complete an enrollment form on your new spouse and dependents if any)
- I have divorced or legally separated or my marriage has been annulled and the following dependent(s) should be taken off of my benefit.

First Name	Last Name	Relationship	
_____	_____	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child
_____	_____	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child
_____	_____	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child

- My dependent (spouse, child or other dependent) has died (please list dependent information above).
- My dependent (spouse, child or other dependent) has lost coverage and is now joining my Employers Group Medical Plan (please list dependent information above).
- I have had a child (by birth, or adoption) (please complete an enrollment form on your new child).
- I have terminated participation in my Employer's Group Medical Plan effective _____ / _____ / _____

I understand that the change, as indicated above, will be effective at the time prescribed by the Plan administrator. I certify that all the information in this document is true. I agree to supply any additional information that the Plan administrator, in its discretion, determines is necessary to process my request for a change in my benefit.

Employee's Signature _____ Date ____ / ____ / ____

Human Resource Representative _____ Date ____ / ____ / ____

Please Return this Form to:

Flex Administrators, Inc.
77 Monroe Center N.W., Suite 1100
Grand Rapids, MI 49503-2911
Phone: 1 (800) 968-3539 or (616) 456-7908
Fax: (616) 454-6090 or (616) 454-9862