

Enrollment/Change Notification Form HRA/FSA/Transit and Parking Benefit Plans

Directions: This form is used to enroll a new employee, make an enrollment status or a benefit change. The employer must complete the following steps to successfully process the change:

- Section 1, 2, and 3 must be completed for any changes
- Select required change type (Section 4: Enrollment Status Change, Section 5: Benefit Plan Change or Section 6: Election
- Submit the completed form to:

UnitedHealthcare Benefit Servicessm

P.O. Box 2490

Brookfield, WI 53008-2490

Phone: (800) 318-5311

Fax: (800) 760-3727

Web: www.uhcservices.com (The HRA/FSA/Transit and Parking form may be completed on-line.)

1 Type of Change Requested - REQUIRED (please describe the type of change being requested)

Enrollment Status Change

- Employee Name Change
 Employee Address Change
 Employee Enrollment Status Change (HRA only)
 Employee Termination Notification (not COBRA)

- Employee Unpaid Leave of Absence Notification
 Employee Leave of Absence Return Notification

Benefit Plan Change/Election

- Employee Termination of Plan(s)**
 Flexible Spending Account (FSA)
 Health Reimbursement Arrangement (HRA)
 Dependent Day Care
 Transit & Parking (Section 132)
 Private Insurance

New Hire Benefit Election

- Employee Benefit Election Change**
 Flexible Spending Account (FSA)
 Dependent Day Care
 Private Insurance
 Health Reimbursement Arrangement (HRA)
 Transit & Parking (Section 132)

Change Effective Date (mm/dd/yyyy):

2 Employee Demographics – REQUIRED

Employee Name (Last, First, Middle initial)

Social Security Number

Email Address

Home Address (Street and Apt. Number) , ,

City

State

Zip Code

3 Employer Signature and Acknowledgment – REQUIRED

I acknowledge as an Employer Representative that this Flexible Benefit Plan Change Notification Form should be processed for the reasons selected in Section 1.

Employer Signature

Date

Employer Name

Phone Number

UHC Policy Number

4 Enrollment Status Change- only complete the section that applies to the enrollment status change

Employee Name and Address Change

Prior Name (Last, First, Middle Initial)

New Name (Last, First, Middle Initial)

New Email Address

New Employer Branch Location Code

New Phone Number

Home Address (Street and Apt. Number) , ,

City

State

Zip Code

Employee Enrollment Status Change-HRA Only

Current Coverage Status

- Single Coverage Employee & Spouse Employee & Dependent(s) Family Number of Children _____

New Coverage Status Change

- Single Coverage Employee & Spouse Employee & Dependent(s) Family Number of Children _____

Reason For Change

- Marriage Divorce New Dependent Loss of Dependent Death of Spouse Leave of Absence
 Return from Leave of Absence Other _____

Employee Leave of Absence Change

Employee Initiated Unpaid Leave of Absence Notification

Leave of Absence Start Date: ____/____/____

Employee Returned from Leave of Absence

Return Date: ____/____/____ N/A

Benefit Plan Change/Election: Employee Termination of Plan(s)

<p>Termination Notification</p> <p><input type="checkbox"/> Terminate Employee <input type="checkbox"/> Terminate Account(s)</p> <p>Please check the employee's current accounts:</p> <p><input type="checkbox"/> Flexible Spending Account (FSA) <input type="checkbox"/> Dependent Day Care <input type="checkbox"/> Transit & Parking (Section 132) <input type="checkbox"/> Private Insurance <input type="checkbox"/> Health Reimbursement Arrangement (HRA)</p> <p>Plan Year From: ___/___/___ To: ___/___/___ Termination Date: ___/___/___</p>	<p>Please provide updated employee payroll changes for the account terminating:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Account</th> <th style="width:20%;">Last Payroll Date</th> <th style="width:30%;">YTD Deductions <i>(Include last date posted)</i></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Flexible Spending Account</td> <td>___/___/___</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Dependent Day Care</td> <td>___/___/___</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Transit & Parking</td> <td>___/___/___</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Private Insurance</td> <td>___/___/___</td> <td>\$ _____</td> </tr> </tbody> </table>	Account	Last Payroll Date	YTD Deductions <i>(Include last date posted)</i>	<input type="checkbox"/> Flexible Spending Account	___/___/___	\$ _____	<input type="checkbox"/> Dependent Day Care	___/___/___	\$ _____	<input type="checkbox"/> Transit & Parking	___/___/___	\$ _____	<input type="checkbox"/> Private Insurance	___/___/___	\$ _____
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<input type="checkbox"/> Transit & Parking	___/___/___	\$ _____														
<input type="checkbox"/> Private Insurance	___/___/___	\$ _____														

5 Benefit Plan Change/Election: New Hire Benefit Election or Employee Benefit Election Change - Complete the section that applies to the Benefit Plan Change/Election requested by the Employee.

- A) Type of change** New Hire Status Change
- B) Employee payroll cycle** Weekly (52/year) Bi-Weekly (26/year) Monthly (12/year) Semi-Monthly 24/year Other _____

Flexible Benefit Plans	Requested Change	Date of First Deduction	Plan Year Election Amount	Number of Paychecks	Amount Per Pay Check
<p>Flexible Spending Account-FSA (Out-of-Pocket Medical Expenses for Medical, Dental, vision, etc...)</p> <p>Plan Year: From: ___/___/___ To: ___/___/___</p>	<p><input type="checkbox"/> Add Account <input type="checkbox"/> Increase Amount <input type="checkbox"/> Decrease Amount</p> <p>Effective Date: ___/___/___</p>	<p>Date of First Deduction ___/___/___</p>	<p>\$ _____ ÷</p>	<p>_____ =</p>	<p>\$ _____</p>
<p>Dependent Day Care Expenses (please review plan documents for election maximums)</p> <p>Plan Year: From: ___/___/___ To: ___/___/___</p>	<p><input type="checkbox"/> Add Account <input type="checkbox"/> Increase Amount <input type="checkbox"/> Decrease Amount</p> <p>Effective Date: ___/___/___</p>	<p>Date of First Deduction ___/___/___</p>	<p>\$ _____ ÷</p>	<p>_____ =</p>	<p>\$ _____</p>
<p>Private Insurance Expense (Premiums for Medicare Part B, Health, Dental, Vision, & COBRA plans)</p> <p>Plan Year: From: ___/___/___ To: ___/___/___</p>	<p><input type="checkbox"/> Add Account <input type="checkbox"/> Increase Amount <input type="checkbox"/> Decrease Amount</p> <p>Effective Date: ___/___/___</p>	<p>Date of First Deduction ___/___/___</p>	<p>\$ _____ ÷</p>	<p>_____ =</p>	<p>\$ _____</p>
Health Reimbursement Account (HRA)			Employer Contribution Per Year		
<p>Plan Year: From: ___/___/___ To: ___/___/___</p>			<p>\$ _____</p>		
Transit & Parking Account	Requested Change	Monthly Election Amount	Number of Months in Plan Year	Number of Paychecks	Pre-Tax Deduction <small>(per pay period)</small>
<p>• Transit Expenses • Parking Expenses</p> <p>Plan Year: From: ___/___/___ To: ___/___/___</p>	<p><input type="checkbox"/> Add Account <input type="checkbox"/> Increase Amount <input type="checkbox"/> Decrease Amount</p> <p>Effective Date: ___/___/___</p>	<p>_____ X</p> <p>_____ X</p>	<p>_____ ÷</p> <p>_____ ÷</p>	<p>_____ =</p> <p>_____ =</p>	<p>\$ _____</p> <p>\$ _____</p>