

PERSONAL CHOICE ACCOUNT

Flexible Benefits Administration

Status Change Form Instructions

Employee Identification box:

This is the top box on the status change form and is used to identify the employee requesting the change in enrollment. Please provide all the information requested. Only the employee's address is optional, but this is helpful to verify the identity of the employee. Illegible or incomplete forms may delay implementation of the change.

Type of change box:

This box identifies the type of change that is requested and is used to determine what other information is needed to implement that change as well as who may authorize the request.

Personal Information Change box:

It is only necessary to complete this box if the member has changed name or address. The "old name" should match the name already on file and the employee name on line two of the form.

Qualified Status Change box:

This information is required whenever an employee wishes to change a spending account election amount. The type of change line is used to determine what type of changes are allowed by I.R.S. guidelines, and should be completed for all election changes to ensure compliance.

Changes in election amounts during the plan year may increase or decrease the risk to the employee. Important - **Increasing** an election allows the newly elected amount to be available for dates of service after the effective date of the change. You cannot access your new election for dates of service before the change took place. **Decreasing** an election allows access to the balance in the account through the end of the plan year. **Stopping** an election ceases eligibility for claiming dates of service after the effective date of the change.

It is NOT necessary to complete this box if the employee has terminated or permanently lost eligibility. The election changes should list the election amount per contribution, not the annual amount. Use the "Other" line for Parking, Mass Transit, etc. It is NOT necessary to report changes in premiums.

Effective Date box:

The effective date of this change line is used to determine how to adjudicate reimbursement requests (claims). For that reason it is important to know the specific date that a change is effective. This date may be any day, but should be consistent with the qualified status change. For example: the date of an increase in the health care election due to the birth of a child should be the date of birth of the child.

(Note: I.R.S. guidelines indicate that election changes due to a qualified status change should be requested within 30 days of the qualifying event and be consistent with the change)

If an election amount is changing or ending, the date of the first or last contribution is used to change the contribution bill to correspond to the new election amount. The date of the first or last contribution must correspond to the group's contribution schedule as indicated on the plan application.

Signature box:

Changes in employee address or name changes may be signed and dated by the employee and submitted directly to PCA without an employer signature.

All election changes including termination of eligibility should be signed and dated by a representative of the employer and sent to PCA by the employer, although the employer may indicate "signature on file" for the employee.

If changes for multiple employees are needed please use the Status Change Spreadsheet.

Group/Employer Name	
Employee's Name	Social Security #
Employee's Address	

Type of Change [Check appropriate box(s) and complete related section(s)]

Name Change
 Address Change
 Qualified Status Change
 Termination/Loss of Eligibility
 Other _____

Effective Date of this Change _____

Date of FIRST contribution at the new rate _____

or

Date of LAST contribution if a benefit is ending _____

Note: First/Last date must match one of the group's contribution dates

Personal Information Change

Name Change _____ to _____

(Old Name) (New Name)

Old Address _____

New Address _____

Qualified Status Change (Please visit www.personalchoiceaccount.com to verify Qualified Status Changes)

Type of Change _____
(marriage, birth, leave of absence, adoption, etc.)

<u>Election changes</u>	<u>from</u>	<u>to</u>	
Health Care Spending Account	\$ _____	\$ _____	per contribution (pay period)
Dependent Care Spending Account	\$ _____	\$ _____	per contribution (pay period)
Other _____	\$ _____	\$ _____	per contribution (pay period)

Employee Signature	Date
_____	_____
Employee Signature	Date
_____	_____

Please submit to:
Personal Choice Account
PO Box 3199
Portland, OR 97208-3199

Visit us at our website:
www.personalchoiceaccount.com
 or email us at pca@regence.com
 or fax 503-225-5353