



HSA Change of Status Form

Section I - Employee Information

Employer Name: _____				
Employee Name: _____			Social Security #: _____	
Check if new address <input type="checkbox"/>	Address: _____	City: _____	State: _____	Zip: _____
Check if new email address <input type="checkbox"/>	Email Address: _____			

Section II - Reason for HSA Change

- Single to Family
- Family to Single
- Other *(please add detailed notes in this section)*
- Termination Date/Benefit End Date *(i.e. termination of employment, changing from HDHP to PPO, enrolling in Medicare).*

Additional Comments:

Effective Date of the Change _____

Any changes noted above will generally change the IRS maximum that may be contributed in the calendar year. Please encourage HSA owners to contact FlexBank whenever there is a change so that we may discuss the rules.

Section III - Changes to Additional Benefits

If there are changes to plans other than the Health Savings Account (HSA), FlexBank will need additional information.

FSA & Transportation Change of Status Form Plans: [Click Here](#)

HRA Eligibility/Termination Form : [Click Here](#)

Failure to notify FlexBank of FSA/HRA changes may result in incorrect payment of claims.

Plan Name	Benefit End Date	Current Payroll Deduction Per Pay Period	Revised Payroll Deduction Per Pay Period	Date of Revised Deduction
FSA Health Care		\$	\$	
FSA Dependent Care		\$	\$	
Parking / Mass Transit		\$	\$	
HRA		N/A	N/A	N/A

Section IV - Employer Verification

Date _____ Signature of Employer _____