STERLING
ADMINISTRATION

P.O. Box 71107
Oakland, CA 94612

1.800.617.4729
1.888.410.7361

www.sterlingadministration.com

# FLEXIBLE SPENDING ACCOUNT ACCOUNT CHANGE OR TERMINATION

**WE MAKE THE COMPLEX SIMPLE**

| | |
|---|---|
| **Effective Date of Change:** | |
| **Company Name:** | |
| **Employer ID Number:** | |
| **Employee Name:** | |
| **Employee Social Security Number:** | |

☐ **Address Change / Name Change**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

☐ **Qualified Change in Status Event**

☐ Change in marital status (marriage or divorce)

☐ Change in number of dependents (birth, commencement or termination of adoption proceeding, dependent satisfies or ceases to satisfy eligibility requirements, or death)

☐ Change in employment status of employee or spouse

If employee termination, COBRA elected? ☐ No ☐ Yes

If yes, date employee has continued coverage through: _____

☐ Commencement or return from Family Medical Leave

☐ Other: _____

| Effective Date | Last Name | First Name | Relationship to Employee | Date of Birth | Adding/Terminating Coverage |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

New Pay Period Salary Redirections beginning with _____ pay day.

Health Care FSA $ _____ Dependent Care FSA $ _____

Transportation $ _____ Parking $ _____

Signature _____ Date _____