

DCAP CHANGE IN STATUS FORM

for FY _____

Section 1 – Employee Information

 Social Security Number Last Name First Initial

Section 2 – Type of Transaction

A Change in Status which is **on account of and consistent with the nature of the qualifying event** must occur in order to change your current DCAP account. Requests to change your deduction amount or revoke your enrollment must be initiated within 60 days of the qualifying event. The effective date of the change will be the first day of the pay period following either the signature date on the form or the date of the event, whichever is later. Changes in Status indicated with an ‘*’ must be reviewed and approved by the FSA Unit on a case-by-case basis. You may contact the FSA Unit at 1-800-442-1300 if you have any questions.

Increase in Deduction Amount Change in Status Code _____ New Deduction Amount Per Pay Period \$ _____

01	Adoption of dependent *
02	Marriage
03	Divorce, legal separation or annulment *
08	Judgment, decree or court order *

14	Spouse commences employment
18	Spouse changes employment status from Part-time to Full-time
21	Change in the cost of care †
24	Coordination of spouse’s annual benefit election period †

Decrease in Deduction Amount Change in Status Code _____ New Deduction Amount Per Pay Period \$ _____

03	Divorce, legal separation or annulment *
04	Death of dependent *
05	Dependent becomes ineligible (e.g. age)
08	Judgment, decree or court order *

17	Spouse changes employment status from Full-time to Part-time
21	Change in the cost of care †
24	Coordination of spouse’s annual benefit election period †

Revocation of Enrollment Change in Status Code _____

03	Divorce, legal separation or annulment *
04	Death of only dependent
05	Dependent becomes ineligible
08	Judgment, decree or court order *
12	Employee changes employment status from Full-time to Part-time less working than 50%

15	Spouse terminates employment
19	Employee enters leave of absence
20	Spouse enters leave of absence
21	Change in the cost of care †
22	Employee termination of employment, retirement or death
24	Coordination of spouse’s annual benefit election period †

† Change in Status codes with this symbol must include a written statement explaining the reason for the request to change the amount or revoke participation in the program. Additionally, if your change in status code is ‘24’, you must also include in your statement what the change was that your spouse made during their election period. Your change must be **on account of and consistent with** the change your spouse made.

Section 3 – Certification

I certify that the above eligible change in status event occurred on ____/____/____.

Employee Signature: _____ Date ____/____/____

Section 4 – Agency Approval (To be completed by Group Insurance Representative)

GIR Signature: _____ Date: ____/____/____

GIR INSTRUCTIONS

- Forward the original to the FSA Unit at CMS and retain one copy of the form in the member’s file.

Return the completed form to your Group Insurance Representative