



Mabank Independent School District ~ 310 E. Market St. ~ Mabank, TX 75147

Telephone (903) 880-1300 ~ Fax (903) 880-1303

www.mabankisd.net

FLEXIBLE BENEFITS PLAN

CHANGE IN ELECTION DUE TO A STATUS CHANGE

DUE TO THE FOLLOWING STATUS CHANGE, I WISH TO CHANGE MY FLEXIBLE BENEFIT ELECTIONS:

PLEASE NOTE, CHANGES ARE TO BE MADE WITHIN 30 DAYS OF OCCURRENCE:

___ Marriage (Spouse's Name)

___ Divorce

___ Birth or Adoption

___ Death of Spouse or Eligible Child

___ Change in Dependent Status

___ Change in Spouse/Dependent's Coverage

___ Job Status Change or Employee/Spouse/Dependent

___ Significant Change in Insurance Premiums of
Employee/Spouse/Dependents Coverage (15% or More)

ONLY HEALTH PLANS can be increased/reduced due to a qualified medical child support order for a dependent

I ELECT TO CHANGE MY FLEXIBLE BENEFITS ELECTIONS DUE TO THE ABOVE CHANGE AND AUTHORIZE MY EMPLOYER TO DEDUCT FROM MY PAY THE FOLLOWING AMOUNT(S):

PRETAX PREMIUMS

Major medical change from \$ _____ to \$ _____ Dental change from \$ _____ to \$ _____

Cancer change from \$ _____ to \$ _____ Term Life Change from \$ _____ to \$ _____

**Child Care change from \$ _____ to \$ _____ **Medical reimbursement change from \$ _____ to \$ _____

1. I UNDERSTAND THAT THE AMOUNT I'VE ELECTED TO HAVE DEDUCTED FOR MY MEDICAL EXPENSE REIMBURSEMENT ACCOUNT ARE PUT INTO A SEPARATE ACCOUNT FROM THE AMOUNTS BEING DEDUCTED FOR MY CHILD CARE REIMBURSEMENT ACCOUNT. IF THERE IS MONEY REMAINING IN ONE ACCOUNT AT THE END OF THE YEAR, IT IS NOT TRANSFERABLE TO MEET EXPENSES IN THE OTHER CATEGORY. MY CHILD CARE EXPENSE CANNOT BE CHANGED DUE TO MY DECIDING DURING THE PLAN YEAR TO TRANSFER MY CHILD TO A NEW PROVIDER WHO MAY CHARGE LESS UNLESS MY CURRENT PROVIDER HAS INCREASED THE RATES I CURRENTLY PAY BY 15% OR MORE.

2. I UNDERSTAND THAT I CANNOT SUSPEND, OR OTHERWISE CHANGE THESE ELECTIONS DURING THE PLAN YEAR UNLESS I EXPERIENCE ANOTHER STATUS CHANGE. HOWEVER, I UNDERSTAND THAT THE AMOUNT BY WHICH MY COMPENSATION IS REDUCED FOR PRETAX PREMIUMS MAY INCREASE OR DECREASE OVER THE PERIOD IN WHICH THIS ELECTION IS EFFECTIVE TO REFLECT CHANGES BY THE CARRIER IN THE COST OF MY COVERAGE.

3. I UNDERSTAND THAT ANY MONEY REMAINING IN MY FLEX (**) ACCOUNTS WILL BE FORFEITED AT THE END OF THE PLAN YEAR. I AGREE NOT TO DEDUCT OR CLAIM THESE EXPENSES ON MY INDIVIDUAL INCOME TAX RETURN.

4. AT THE TIME I ENROLLED, I RECEIVED A SUMMARY PLAN DESCRIPTION EXPLANATION OF THE FLEXIBLE BENEFITS PLAN. I UNDERSTAND THAT MY EMPLOYER CANNOT BE RESPONSIBLE FOR ANY TAX LIABILITIES THAT MAY SUBSEQUENTLY OCCUR AS A RESULT OF MY PARTICIPATION.

I hereby certify that the change indicated above occurred on _____ and I understand that this change will be effective with the first full pay period following receipt of my request to change my deduction. The pay check this change is effective with is _____.

Employee Name: _____ Social Security #: _____

Employer: _____ Campus: _____ Employment Date: _____

Date: _____ Employee's Signature _____

PAYROLL AFTER YOU RECORD, PLEASE RETURN FORM TO: Mabank Independent School District ~ 310 E. Market St. ~ Mabank, TX 75147