

All fields are required. Incomplete forms cannot be processed.

SECTION I: EMPLOYEE INFORMATION. Please print legibly.		
Full Name <i>as it appears on your FSA debit card</i>	Social Security No.	Effective Date of Change (MM/DD/YYYY)
Campus (Please check one):		
<input type="checkbox"/> ASMSA <input type="checkbox"/> CES <input type="checkbox"/> UAF <input type="checkbox"/> UACCB <input type="checkbox"/> UALR <input type="checkbox"/> UAM <input type="checkbox"/> UAMS <input type="checkbox"/> UAPB <input type="checkbox"/> WRI <input type="checkbox"/> PCCUA <input type="checkbox"/> Other: _____		
SECTION II. CHANGE REQUESTED		
<input type="checkbox"/>	<b>Change of Name</b> <i>New Name:</i> _____	
<input type="checkbox"/>	<b>Change of Address</b> <i>New Address:</i> _____	
<input type="checkbox"/>	<b>Suspend my payroll salary reduction (MUST COMPLETE SECTION III)</b>	
<input type="checkbox"/>	<b>Change of Election (MUST COMPLETE SECTION III)</b> <i>I elect to change my annual salary reduction from \$_____ to \$_____ for the Health Care FSA.</i> <i>I elect to change my annual salary reduction from \$_____ to \$_____ for the Dependent Care FSA.</i>	
SECTION III. CHANGE IN STATUS (for suspension of payroll salary reduction or change of election)		
	<b>Name of Dependent</b>	<b>Date of Event</b> (MM/DD/YYYY)
<input type="checkbox"/>	<b>Marriage</b>	
<input type="checkbox"/>	<b>Divorce</b>	
<input type="checkbox"/>	<b>Death of Spouse or Dependent</b>	
<input type="checkbox"/>	<b>Birth or Legal Adoption</b>	
<input type="checkbox"/>	<b>Ineligible Dependent</b>	
<input type="checkbox"/>	<b>Loss of Coverage</b>	
<input type="checkbox"/>	<b>Leave of Absence</b>	
<input type="checkbox"/>	<b>FMLA</b>	
<input type="checkbox"/>	<b>Termination of Employment</b>	
<input type="checkbox"/>	<b>Other:</b> _____	
SECTION IV. AUTHORIZATION AND SIGNATURE		
I authorize my employer to adjust my pay as required by my election. I acknowledge that my election is irrevocable and will remain in force throughout the plan year unless there is a Change in Status.		
Employee Signature	Date Signed	
<b>x</b>		

**FOR HR USE ONLY**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**RETURN THIS FORM TO YOUR HUMAN RESOURCES OFFICE.**