Document Change Form

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BASIC SALES
9246 Portage Industrial Dr
Portage MI 49024

P 800-372-3539
F 800-391-6562

Forms@basiconline.com

Please use this form to make changes to your FSA plan, summary plan description or company records.

Please fill in the company name and the date you would like the change to take effect.

COMPANY NAME:

Effective Date:

For clarity, please leave the areas that are not changing blank; filling in only the items you wish to change. If you have any questions, please call 800-372-3539 and we will be happy to help you.

NEW COMPANY INFORMATION

Company Name:

Address:

City: State: Zip:

Flex Contact:

Phone: Email:

If the Contact change is for other BASIC services as well please list those services:

Tax ID Number:

Legal Representative (Owner or Officer):

FLEX PLAN CHANGE

New Plan Year: _______________ to _______________ (MM/DD/YY)

If you are running a short plan year, the MRA & MLP plan maximum must be pro-rated. Please contact BASIC 800-372-3539 to help calculate the pro-rated amount.

Add/ Remove	Plan Benefit	[1]Carry-over	*OR* [1]Grace Period*	Plan Maximums
	MRA – General Purpose Medical Reimbursement Account *(All IRS eligible expense- $2,700 annual maximum employee salary reduction by law.)*			
	MLP – Limited Purpose Medical Reimbursement Account *(Reimburses dental, vision & post deductible expenses only)*			
	DCA – Dependent/Child Care Reimbursement Account *($5,000 annual maximum by law includes both employee & employer combined amounts.)*	N/A		
	Parking – Not to exceed IRS Monthly Limits	*Not Applicable*		
	Transit – Not to exceed IRS Monthly Limits	*Not Applicable*		

*Grace period is a maximum of 2 months and 15 days

[1]Cannot have Carryover and Grace Period on same benefit

If adding Parking and or Transit, you will need to sign the Parking/Transit Administrative Agreement

ELIGIBILITY CHANGE

Is eligibility based on health plan? Yes No

If No, complete the following: (check all that apply)

Age: _____ years old
May not exceed 25 years

Service: _____ days/months
May not exceed 3 years

Minimum Hours: _____ hrs per wk
May not exceed 35 hrs

Excluded Groups:

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OTHER PLAN CHANGES

Is your company required by law to provide COBRA continuation Coverage?
COBRA requirement – 20 or more Full Time Equivalent (FTE) employees for 50% of previous calendar year

Yes No

Is your company required by law to provide FMLA (Family Medical Leave Act) Continuation?
FMLA requirement – 50 or more employees within a 75 mile radius

Yes No

PREMIUM CONTRIBUTION CHANGE –
(Check all group plans or employer sponsored plans that apply)

Check all that apply. Include only those coverages that employees contribute towards.

Health Insurance
Group Term Life Insurance
HSA Contributions
Employer
Employee
Dental Care Plan
Vision Plan
Long Term Disability
Short Term Disability
Cash Option Plan

Other Premium Type Programs (Describe):

ADDITIONAL COMMENTS

Completed By: Title: