

**AUBURN UNIVERSITY
(FSA) MID-YEAR CHANGE FORM**

Employee Name: _____

Banner Id Number: _____

Employer: Auburn University

EMPLOYEE REQUESTS THE FOLLOWING MID-YEAR CHANGE(S)

Date of first paycheck with change(s): _____

Please make the change(s) to the following election(s):

<u>Benefit Category</u>	<u>Current Annual Amount</u>	<u>New Annual Amount</u>
_____	_____	_____
_____	_____	_____

First time participants due to Qualifying event must also complete top portion of the New Hire Enrollment form

If ending an election due to a Qualifying event, participant has 90 days from deduction termination date to submit all incurred expenses receipts (incurred prior to termination date of deduction) to Wage Works for reimbursement. After 90 days, all remaining funds in account will be forfeited due to IRS Use It or Lose it rule.

The above change(s) is (are) requested for the following reason:

Date of Qualifying Event:

I acknowledge I have read the information included on this form.

Signature of Participant: _____ Date: _____

Payroll & Employee
Benefits Representative: _____ Date: _____

Please retain a photocopy for your files.

**NOTE: TO BE COMPLETED WITHIN 45 DAYS OF QUALIFYING EVENT THAT
YOU INDICATED ABOVE.**