



**Los Angeles Unified School District
Benefits Administration**

FLEXIBLE SPENDING ACCOUNT – REQUEST FOR CHANGE

Employee Number	Last Name	First Name	MI	Phone Number
Address		City	State	Zip Code
				Social Security Number
Email Address	<i>Do Not Write in Shaded Area</i>	Eff. Date	Process Date	Initials

I declare that I have a qualified major life event.

Effective Date of Change: _____

The changes in status are limited to the following events:

- Change in legal marital status including marriage, divorce, legal separation, annulment, or death of spouse;
- Change in number of dependents including birth, adoption, placement for adoption and death of a dependent;
- Termination or commencement of employment by the employee, spouse, or a dependent;
- Change in employment status (for employee, spouse, or employee’s dependent) that affects eligibility for health insurance benefits;
- A dependent satisfies or ceases to satisfy the plan requirements;
- A change in place of residence or work of the employee, spouse, or dependent that affects eligibility, such as moving into or out of an HMO’s service area.

NOTE: An election change must be consistent with the change in status. Please submit this form along with proof of your major life event within 30 days of the event.

I hereby request a change in the deduction from my pre-tax salary, per pay period. **(Changes will be made on future deductions only)**

Part I – Health Care Flexible Spending Account

Part II – Dependent Care Flexible Spending Account

From: \$ _____ annual amount

From: \$ _____ annual amount

To: \$ _____ annual amount

To: \$ _____ annual amount

NOTE: The number of deductions is 12 for employees on a monthly pay schedule and 24 for employees on a semi-monthly pay schedule.

I have read the above, and under penalty of perjury, I declare the statement is true, accurate, and complete to the best of my knowledge. I understand that the Flexible Spending Account deduction(s) will be in effect for the plan year and cannot be revoked unless I experience another qualified major life event.

Applicant’s Signature		Date:
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Complete and return this form via fax, email, or mail:

Fax: (213) 241-4247

Email: benefits@lausd.net

Los Angeles Unified School District
Benefits Administration, Flexible Spending Account
P.O. Box 513307
Los Angeles, CA 90051-1307

Phone: (213) 241-4262
Website: lausd.org/benefits