

State of Hawaii Island Flex Flexible Spending Account (FSA) Change of Status Form



Employee Information

Employee Name	Social Security Number	Daytime Phone Number
Employee Address (City, State and Zip)		

Requested Change

Address – New Address: _____

Name Change – New Legal Name: _____

Status Change – Complete the information requested below

Status Change Information

Date of Status Change Event: _____

Check Appropriate Box and Explain Below:

Birth Death Marriage Divorce Employment Change Other

Provide Explanation of Requested Change, Including Who and Relationship?

NOTE: Proof of this status change, such as a birth, marriage, or death certificate must be attached to this change form.

Requested Change to Pre-Tax Payroll Deduction

	FROM		TO	
Dependent Care	\$ _____	Current Annual	\$ _____	New Annual Election
Medical	\$ _____	Current Annual	\$ _____	New Annual Election

NOTE: Changes shall be on a prospective basis only and must be consistent with the status event.

Employee Certification

I certify that the payroll deduction change(s) requested if any, is consistent with the status change event described above and that I have read and understand the information on the back of this form.

Employee Signature: _____ Date: _____

Approval/Denial of Payroll Deduction Change (To Be Completed by Third Party Administrator)

Your Request for the Payroll Deduction Change Identified Above Is:

Approved- Effective Date of Change: _____
Payroll deduction change will begin on your _____ paycheck.

Denied – Reason(s): _____

Third Party Administrator Signature: _____ Date: _____

**Return the completed form to: National Benefit Services, LLC (NBS)
Address: 1314 S King St, Suite 305, Honolulu, HI 96814
Fax: 808-465-3712
Email: islandflex@nbsbenefits.com**

INFORMATION AND INSTRUCTIONS

All requested information on this Change Form, including your signature and the date, must be provided. Proof of the status change, such as a marriage, birth, or death certificate must be attached to this Change Form. Failure to do so will result in a delay or denial in processing your request.

This form must be completed and mailed to National Benefit Services, LLC (NBS) (address below) within 90 days of your status change event. Otherwise, a payroll deduction change CANNOT be made. Notifying your Personnel or Payroll Office does not constitute notification to the *Island Flex* program.

Changes shall be effective on the first day of the month following NBS receipt and approval of this Change Form. Cancellations shall be effective on the last day of the month following NBS receipt and approval of this Change Form.

If you have any questions, call Customer Service at (808) 465-2284.

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Right to Appeal

If your change request is denied, you have a right to appeal the decision. A written appeal, containing all the reasons for appealing the decision, must be sent to the Director of Human Resources Development **within 60 calendar days** of receiving your notice of denial of your change request.

Please follow the steps below:

- Call Customer Service at (808) 465-2284. Ask for an explanation.
- If you are still not satisfied with the decision, write a letter to the "Director, Department of Human Resources Development, 235 S. Beretania Street, 14th Floor, Honolulu, HI 96813." State the reasons you feel the decision was incorrect, attach a copy of the Change Form and present any additional information.

The Director will respond in writing to your appeal within 60 days after receiving your written appeal or receipt of any additional materials reasonably requested from you, whichever occurs later. The 60 days may be extended to 120 days under special circumstances. The Director's decision is final.