



Surency AdvantagePlus
FSA/HRA IS WCNHGF TRANSIT AND PARKING'S VR+
ENROLLMENT/CHANGE NOTIFICATION

Instructions

- Complete this form in order to open an FSA. (* = Required Fields)
- Fax completed form to 316.462.3394 OR forward to:
 Surency Life & Health
 PO Box 789773
 Wichita, KS 67278-9773
www.surency.com
- If you have any questions regarding this form, please call 866.818.8805.

***Accountholder Profile Information** - For this section please complete with information previously provided to Surency. Changes will be captured below.

* Last Name, First Name, MI (Please Print)	* Employer	* Social Security Number or Employee ID (EID) as appropriate
* Street Address	* City, State, Zip	* Date of Birth (mm/dd/yyyy)
* E-mail Address	* Daytime Phone Number	* Home Phone Number

***Type of Change Requested**

***Effective Date of Change (mm/dd/yyyy)**

Enrollment Status Change	Benefits Plan Change/Election
<i>Please select the reason for the requested change</i>	
Employee Name Change Employee Address Change Benefit Election Change Employee Enrollment Status Change (HRA Only) Employee Unpaid Leave of Absence Notification Employee Leave of Absence Return Notification Employee Termination Notification (not COBRA)	Employee Termination of Plans(s) Premium Only Plan (POP) Flexible Spending Account (FSA) Dependent Care Account (DC FSA) Health Reimbursement Arrangement (HRA) Transit and Parking (Section 132)

***Enrollment Status Change** Only complete the section that applies to the enrollment status change selected above

A. Employee Name and Address Change

Prior Name (Last Name, First Name, MI)	New Name (Last Name, First Name, MI)	New Email Address
New Street Address	City, State, Zip	New Phone Number

B. Benefit Election Change FSA, QTP & Dependant Care FSA

Plan Type	Plan Benefit Per Paycheck		Annual Plan Benefit		Plan Type	Plan Benefit Per Paycheck		Annual Plan Benefit	
	Change From	Change To	Change From	Change To		Change From	Change To	Change From	Change To
Medical FSA	_____	_____	_____	_____	Transit Plan	_____	_____	_____	_____
Dependent Care FSA	_____	_____	_____	_____	Parking Plan	_____	_____	_____	_____
Limited FSA	_____	_____	_____	_____					

