



# FLEXCOMP CHANGE IN STATUS

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53511 (09-2008)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

**NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657**

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**Read [Instructions](#) before completing this form**

## PART A PARTICIPANT INFORMATION

|                        |         |                   |                                   |
|------------------------|---------|-------------------|-----------------------------------|
| Name (Last, First, Mi) |         |                   | Social Security Number (Required) |
| Employer               | Dept No | Work Telephone No | Employee ID Number (Required)     |

## PART B IRS CHANGE IN STATUS EVENTS: Check all that apply Date Event Occurred: \_\_\_\_\_

- 1. Change in marital status
- 2. Change in number of dependents
- 3. Change in employment status
- 4. Change in dependent's eligibility
- 5. Certain Judgments, Decrees and Orders
- 6. Medicare or Medicaid
- 7. Change in cost of dependent care services or change in dependent care provider.
- 8. Leave of Absence
  - Pre-tax payroll deducted contributions
  - Catch-up missed contributions with pre-tax payroll deductions
  - I do not wish to participate in the FlexComp plan while on leave

## PART C EXPLAIN CONSISTENCY OF CHANGE IN STATUS EVENT

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## PART D WHAT ARE YOU CHANGING?

| Medical Spending Account  | Dependent Care Account  | Premium Conversion   |
|---|---|--|
| I want to: (check one)  | I want to: (check one)  | I want to: (check one)   |
| <input type="checkbox"/> Increase an existing election<br><input type="checkbox"/> Decrease an existing election<br><input type="checkbox"/> Elect to participate | <input type="checkbox"/> Increase an existing election<br><input type="checkbox"/> Decrease an existing election<br><input type="checkbox"/> Elect to participate | <input type="checkbox"/> Pre-tax the following insurance premiums<br><input type="checkbox"/> Change/Stop Deductions |
| My new election will be:  | My new election will be:  | Company Name :   |
| \$ _____  | \$ _____  | _____  |

## PART E SIGNATURE OF APPLICANT

I have read the information in its entirety and agree to abide by the terms of the Plan Document. I certify under penalties of perjury, that the information submitted on this Change in Status Form is true, correct, and complete and attest that the change is made on account of and is consistent with the change in status event.

\_\_\_\_\_

Applicant Signature \_\_\_\_\_  
Date

## PART F PAYROLL/HUMAN RESOURCE STAFF USE ONLY

Notification of receipt of form.

\_\_\_\_\_

Authorized Payroll Personnel Signature \_\_\_\_\_  
Date

**RETURN THIS FORM TO YOUR AGENCY'S PAYROLL/HUMAN RESOURCE DEPARTMENT  
RETAIN A PHOTOCOPY FOR YOUR RECORDS**

Form SFN 53511 FlexComp Change in Status must be completed within 60 days of the qualifying life event.

PART A PARTICIPANT INFORMATION – Complete Part A in its entirety. Your Social Security Number is required on this form.

PART B CHANGE IN STATUS EVENT – Check all that apply and list the Date Event Occurred.

PART C EXPLAIN CONSISTENCY OF CHANGE IN STATUS EVENT – Explain why your requested change is necessary and appropriate as a result of the qualifying life event(s) you checked in Part B.

PART D WHAT ARE YOU CHANGING? – As a result of and consistent with the change in status event listed in Part B and your explanation of why the change is necessary in Part C, please provide the information requested. Note: Your new election cannot be less than the expenses for which you've already been reimbursed or less than the amount you have already contributed to your account.

PART E SIGNATURE OF APPLICANT – Sign and date the form. RETURN FORM TO YOUR AGENCY'S PAYROLL/HUMAN RESOURCE DEPARTMENT. RETAIN A PHOTOCOPY FOR YOUR RECORDS.

PART F PAYROLL/HUMAN RESOURCE STAFF USE ONLY – Notification of receipt of form. Payroll personnel will review the form and return to employee if incorrect or incomplete. Sign and date form. Keep a copy for your records. Return original to NDPERS. Upon receipt of the form, the NDPERS FlexComp Coordinator will review the change in status request and send the agency payroll/human resource department and employee notification indicating request is either approved or not approved. **Important Agency Payroll/Human Resource Staff - Do not set up record or pre-tax deductions until you receive notification from NDPERS FlexComp Coordinator indicating request is either approved or not approved**