



Document Change Form

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BASIC SALES
9246 Portage Industrial Dr
Portage MI 49024

P 800-372-3539
F 800-391-6562

Forms@basiconline.com

Please fill in the company name and the date you would like the change to take effect.

COMPANY NAME: _____

Effective Date: _____

For clarity, please leave the areas that are not changing blank; filling in only the items you wish to change. If you have any questions, please call 800-372-3539 and we will be happy to help you.

NEW COMPANY INFORMATION

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Flex Contact: _____

Phone: _____ Email: _____

If the Contact change is for other BASIC services as well please list those services:

Tax ID Number: _____

Legal Representative (Owner or Officer): _____

FLEX PLAN CHANGE

New Plan Year: _____ to _____ (MM/DD/YY)

If you are running a short plan year, the MRA & MLP plan maximum must be pro-rated. Please contact BASIC 800-372-3539 to help calculate the pro-rated amount.

Please use this form to make changes to your FSA plan, summary plan description or company records.

Add/Remove	Plan Benefit	¹ Carry-over	OR ¹ Grace Period*	Plan Maximums
	MRA – General Purpose Medical Reimbursement Account <i>(All IRS eligible expense- \$2,700 annual maximum employee salary reduction by law.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
	MLP – Limited Purpose Medical Reimbursement Account <i>(Reimburses dental, vision & post deductible expenses only)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
	DCA – Dependent/Child Care Reimbursement Account <i>(\$5,000 annual maximum by law includes both employee & employer combined amounts.)</i>	N/A	<input type="checkbox"/>	
	Parking – Not to exceed IRS Monthly Limits	<i>Not Applicable</i>		
	Transit – Not to exceed IRS Monthly Limits	<i>Not Applicable</i>		

*Grace period is a maximum of 2 months and 15 days

¹Cannot have Carryover and Grace Period on same benefit

If adding Parking and or Transit, you will need to sign the Parking/Transit Administrative Agreement

ELIGIBILITY CHANGE

Is eligibility based on health plan? Yes No

If No, complete the following: (check all that apply)

Age: _____ years old
May not exceed 25 years

Service: _____ days/months
May not exceed 3 years

Minimum Hours: _____ hrs per wk
May not exceed 35 hrs

Excluded Groups: _____



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OTHER PLAN CHANGES

Is your company required by law to provide COBRA continuation Coverage?
COBRA requirement – 20 or more Full Time Equivalent (FTE) employees for 50% of previous calendar year

Yes No

Is your company required by law to provide FMLA (Family Medical Leave Act) Continuation?
FMLA requirement – 50 or more employees within a 75 mile radius

Yes No

PREMIUM CONTRIBUTION CHANGE –

(Check all group plans or employer sponsored plans that apply)

Check all that apply. Include only those coverages that employees contribute towards.

- | | |
|--|--|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Dental Care Plan |
| <input type="checkbox"/> Group Term Life Insurance | <input type="checkbox"/> Vision Plan |
| <input type="checkbox"/> HSA Contributions | <input type="checkbox"/> Long Term Disability |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Short Term Disability |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Cash Option Plan |
| <input type="checkbox"/> Other Premium Type Programs (Describe): | |

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ADDITIONAL COMMENTS

Completed By: _____ Title: _____