



**FLEXCOMP CHANGE IN STATUS**  
**NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM**  
 SFN 53511 (Rev. 01-2024)

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**Read Instructions on pages 2 and 3 before completing this form**

**PART A MEMBER IDENTIFICATION**

Name (Last, First, Middle)		NDPERS Member ID
Last Four Digits of Social Security Number		Date of Birth (mm/dd/yyyy)
Organization Name	NDPERS Organization ID	Employee ID Number (Required)

**PART B IRS CHANGE IN STATUS EVENTS: Check all that apply**

Date Event Occurred (mm/dd/yyyy)

This change in status must be completed and submitted to NDPERS within 31 days of the qualified event.

- 1. Change in participant's marital status
- 2. Change in number of participant's dependent children
- 3. Change in employment status
- 4. Spouse's or dependent's eligibility for medical flex or health insurance through own employer
- 5. Change in dependent's eligibility
- 6. Certain Judgments, Decrees and Orders
- 7. Entitlement to Medicare or Medicaid
- 8. Change in cost of dependent care services or change in dependent care provider.
- 9. Unpaid Leave of Absence
  - Prepay missed contributions with pre-tax payroll deductions prior to leave
  - Catch-up missed contributions with pre-tax payroll deductions upon return from leave
  - I do not wish to participate in the FlexComp plan while on leave. Your annual election will be reduced by the amount of missed contributions. Expenses incurred during leave cannot be submitted for reimbursement.
  - Pay-as-you-go: Employee makes expected monthly contribution by personal check payable to NDPERS.

**PART C EXPLAIN CONSISTENCY OF CHANGE IN STATUS EVENT**

**PART D WHAT ARE YOU CHANGING?**

<u>Medical Spending Account</u>	<u>Dependent Care Account</u>	<u>Premium Conversion</u>
I want to (check one)	I want to (check one)	I want to (check one)
<input type="checkbox"/> Increase an existing election <input type="checkbox"/> Decrease an existing election <input type="checkbox"/> Elect to participate	<input type="checkbox"/> Increase an existing election <input type="checkbox"/> Decrease an existing election <input type="checkbox"/> Elect to participate	<input type="checkbox"/> Pre-tax the following insurance premiums <input type="checkbox"/> Change/stop deductions
My new <u>ANNUAL</u> election will be \$ _____	My new <u>ANNUAL</u> 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's Signature (Electronic signatures will <u>not</u> be accepted.)	Date
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In most circumstances, your annual election amounts or any insurance premiums you are having payroll deducted pre-tax cannot be changed. You may change your election if you have a gain or loss of eligibility for coverage under this Plan or a plan maintained by your spouse's employer or your dependent's employer that is caused by a qualifying change in status and your election change is consistent with the gain or loss of coverage. You may be able to make a change under the following circumstances:

1. Your legal marital status changes through marriage, divorce, death of spouse, legal separation, or annulment.
2. Your number of dependents changes because of birth, adoption (or placement for adoption), or death.
3. There is a change in your employment status or the employment status of your spouse or any dependents. The employment status change must affect eligibility under this Plan or a plan maintained by the employer of your spouse or dependent due to termination of employment, a change from full-time to part-time or part-time to full-time employment, or return from an unpaid leave of absence. If you change employment status from full-time to part-time or part-time to full-time, your election change must correspond with the gain or loss of coverage. If your spouse or dependents have an employment status change that affects eligibility under their employer's plan and coverage is lost, then you may increase coverage under this Plan. If the status change results in your spouse or dependents gaining coverage under their employer's plan, you may decrease or terminate coverage under this Plan.
4. Your spouse or dependent gains eligibility for medical flexible spending account or health insurance through his/her employer. You may only decrease or terminate participation in your medical flexible spending account coverage with this qualifying event.
5. One of your dependents satisfies or ceases to satisfy the requirement for coverage under the Health Insurance Plan. For dependents, attainment of age, a change in student status, or marital status would allow you to make a corresponding change to increase or decrease coverage under this Plan for the dependent.
6. You are served with a judgment, decree or court order. This includes divorce, legal separation, annulment, or change in legal custody (including a qualified medical child support order) that requires health coverage for your child. It would allow you to make an election change to your Medical Spending Account. The change is allowed in order to provide coverage for the child if the order requires coverage under your Plan; or cancel coverage for the child if the order requires your former spouse to provide coverage.
7. You, your spouse, or any of your dependents become eligible for coverage under Medicare or Medicaid. Your election change must correspond with the gain of coverage.
8. Your dependent care expenses change due to a provider rate change. This includes both increases and decreases in expenditures. However, you may only make a change if the provider is not your relative. If you change dependent care providers, you may make an election change to reflect the cost of the new provider. It is also considered a provider change and election decreases are allowed when your child is no longer eligible for childcare or is only in after-school care due to entering kindergarten or first grade.
9. If you go on a leave of absence, military leave, or a leave covered by the Family and Medical Leave Act (FMLA), your medical spending and dependent care contributions may be made as follows:
  - Under the pre-pay option, you may pay the amounts due while on leave on a pre-tax basis by having the total contribution due, while on leave, payroll deducted prior to your leave. Eligible expenses incurred while on leave may be submitted and reimbursed while you are on leave and your annual election will remain the same.

- Under the “catch-up” option, NDPERS will continue coverage during an unpaid leave. Upon return from leave, a participant will catch up with pre-tax payroll deductions through an increased contribution amount prorated for the remainder of the plan year. Eligible expenses incurred while on leave may be submitted for reimbursement and your annual election will remain the same.
- You may elect not to participate in the Plan while on leave. If you elect not to participate while you are on a leave of absence, you will not be entitled to receive reimbursements for claims incurred beyond the last day of the month a contribution is received. Upon returning from leave, your account will be automatically reactivated using the same monthly payroll contribution amount in effect prior to your break in coverage. Your original annual election will be reduced by the total amount of missed contributions.
- Under the pay-as-you-go option, the contribution will be made as a pre-tax payroll deduction unless it is leave without pay. If leave without pay, contribution may be paid by personal check sent to NDPERS to “cover” the regular monthly contribution that would have occurred.

A change in election is allowable and consistent with IRS regulations only if the change in status results in you, or your spouse or dependent, gaining or losing eligibility for health coverage under either the cafeteria plan or health plan of the employee or the employer of your spouse or dependent and the election change corresponds with that gain or loss of coverage.

If the change in status event is the birth of a child, and you are a participant in the Medical Spending Reimbursement Account and/or the Dependent Care Reimbursement Account at the time of birth, the effective date of coverage is the date of birth. If the change in status event is for reasons other than the birth of a child and you are a participant in the Medical Spending Reimbursement Account and/or the Dependent Care Reimbursement Account, the effective date of coverage is the first appropriate pay period following the receipt of the election form.

If you are not enrolled in either the Medical Spending Reimbursement Account and/or the Dependent Care Reimbursement Account prior to the change in status event, the effective date of coverage is the date the first payroll deducted contribution is received.