QUALIFYING EVENT* DOCUMENTATION

❏ Marriage
   Marriage certificate

❏ Birth of a child
   Birth certificate

❏ Adoption of a child
   Adoption agreement

❏ New employee
   Letter from employer/agency

* The Participant has the burden of proof to show that the Qualifying Event is acceptable under the Plan. The Plan Administrator reserves the right to request additional information. The Plan Administrator has, among other duties, the power and duty to interpret the Qualifying Event and to resolve ambiguities, inconsistencies and omissions.

2) PLEASE INDICATE QUALIFYING EVENT INCURRED AND ATTACH APPROPRIATE DOCUMENTATION

QUALIFYING EVENT* DOCUMENTATION

❏ Marriage
   Marriage certificate

❏ Birth of a child
   Birth certificate

❏ Adoption of a child
   Adoption agreement

❏ New employee
   Letter from employer/agency

3) PLEASE INDICATE THE CHANGE YOU WISH TO MAKE (Please complete an FSA Enrollment/Change Form)

The change you wish to make must be consistent with your Qualifying Event and described on the Enrollment/Change Form, which you must return with this form within 31 days of the Qualifying Event.

❏ Start account

❏ Increase goal amount to: $

4) EMPLOYEE (PARTICIPANT) SIGNATURE

This is to certify that on ______________, 20__ I incurred the Qualifying Event indicated above and, therefore, wish to modify my benefits as indicated. I understand that the change(s) in benefits requested must be consistent with the Qualifying Event, and that I must provide approved documentation of all change(s). The effective date of the change will be the date the forms are received by the Plan Administrator or the date of my first payroll deduction if I become eligible after the beginning of the Plan Year.

Signature: ___________________________ Date: ___________________________

Send the FSA Enrollment/Change Form with this form and all documentation within 31 days of the Qualifying Event to:

Flexible Spending Accounts Program
HCFS
40 Rector Street, 3rd Floor
New York, NY 10006