



Employee Add, Change, Termination Form

Date _____

**NEW / ADD
REHIRE**

**TERMINATION
DROPPED COVERAGE**

**ADDRESS CHANGE
COVERAGE CHANGE**

Company _____ Dept/Div _____ Union # _____

Employee Name _____ SSN/ID # _____

Address _____ Date of Birth _____

City _____ State _____ Zip _____

Phone _____ Email _____

Items to Note... _____

HRA

New Enrollees & Changes:

Eligibility/Start Date _____ First Funding Date _____

Funding to be Provided to Employee: COVERAGE LEVEL ANNUAL FUNDING

Employee Only \$ _____ Per Year

Employee + One \$ _____ Per Year

Family \$ _____ Per Year

Other _____ \$ _____ Per Year

Terminations:

Date Employee was Terminated _____ Final Funding Date _____

Make Remaining HRA Balance Available Until: Unlimited (recommended)

Other _____
(input date)

Flex Plans – FSA, DCA, Premium Account (as applicable)

New Enrollees & Changes:

	<u>Eligibility/Start Date</u>	<u>First Payroll Withholding Date</u>	<u>Election Amount - Total</u>	<u>Election Amount - Per Pay Period</u>
FSA	_____	_____	\$ _____	\$ _____
DCA	_____	_____	\$ _____	\$ _____
Premiums Account	_____	_____	\$ _____	\$ _____

Terminations:

	<u>Date Participation in the Plan Ended</u>	<u>Final Payroll Withholding Date</u>	<u>YTD Deductions / Withholdings</u>
FSA	_____	_____	\$ _____
DCA	_____	_____	\$ _____
Premium Account	_____	_____	\$ _____

----- For Admin Use Only -----

Reverse/Void Deposit(s): ____/____/____ Amount: \$ _____ Reversal Date(s): _____

Email or fax this completed form to CustomerService@MORStrategyGroup.com
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