

NAME OF CLIENT

DEDUCTION CHANGES REPORT

FLEX CORP
5700 NORTHWEST CENTRAL DRIVE, SUITE 320
HOUSTON, TEXAS 77092
(713) 460-4850

	EMPLOYEE NAME	SS# NUMBER	CHANGE CODE	"CHANGE IN STATUS" CODE	OTHER PERTINENT INFORMATION
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____

CHANGE CODES:

- 1 - Termination of Employment
 - 2 - New Employee Enrolled
 - 3 - Name Change
 - 4 - "Change In Status"
- (SEE REVERSE SIDE)**

OTHER PERTINENT INFORMATION:

- Date of Termination
- Date of Hire and Effective Date (include completed enrollment form)
- Date of Change and Reason
- Date of Change (include completed enrollment form)

Change In Status:

The only time you will be permitted to change a benefit election during the Plan Year will be in the event you have a “Change In Status”. The following events are considered to be changes in status which will permit you to revoke an existing election and make a new election with regard to one or more benefits under the Plan:

- A. marriage or divorce of a participant;
- B. death of a participant’s spouse or dependent;
- C. birth or adoption of a child by the participant;
- D. changing from part-time to full-time status or vice versa by the participant or the participant’s spouse;
- E. an unpaid leave of absence by the participant or the participant’s spouse;
- F. a significant change in the health coverage of the participant or the participant’s spouse attributable to the spouse’s employment;
- G. termination or commencement of employment of the participant’s spouse.

TOTAL ANNUAL BENEFIT

This reflects the maximum plan year amount for which each participant is insured as of the date of the report. This amount is subject change if the participant has terminated his employment, elected to discontinue or decrease the benefit due to a change in status, or elected to commence or increase the benefit due to a change in status.

Y.T.D. CONTRIBUTIONS

This reflects the cumulative total of the actual plan year contributions made to each participant's health care reimbursement plan as of the date of the report.

Y.T.D. DISBURSEMENTS

This reflects the cumulative total of the actual plan year disbursements made to each participant from the pooled funds of the health care reimbursement plan as of the date of the report.

OUTSTANDING RECEIPTS

This reflects the total eligible receipts unpaid to the participant due to insufficient contributions as of the date of the report. If outstanding receipts exist, you will notice on you report that the disbursements equal the contributions.

CURRENT NEGATIVE BALANCE

This reflects the current amount by which each participant's disbursements exceed his contributions as of the date of the report. This amount will decrease as the participant has additional funds deposited to his account.

UNCOLLECTIBLE NEGATIVE BALANCE

This reflects the amount of disbursements to the participant of which the employer will be unable to collect from the participant due to the participant's termination of employment, or election to zero due to a change in family status. The amount will remain in this column until such time (if it becomes necessary) as the employer pays the amount shown.

ADDITIONAL AMOUNT PAID BY THE EMPLOYER

This reflects any additional amounts which have been assumed by the employer in accordance with the risk-shifting provisions. Any and all amounts will remain on the report, on a cumulative basis for comparison purposes at year end. Amounts paid will "zero" the Uncollectible Negative Balance for that/those participant/participants and will then be reflected as a contribution for same.

MID YEAR/YEAR END FORFEITURES

During the year, this will reflect any possible forfeitures due to a participant's termination of employment whereby no eligible expenses have been incurred against his plan prior to his date of termination. If, in fact, a claim is submitted subsequent to a reported possible forfeiture, the amount will change and the distributions, etc. will be reflected in their appropriate columns. At the end of the year, this will reflect the actual forfeitures of unused balances remaining in all participants' accounts.

END OF YEAR NEGATIVE BALANCE DUE

This reflects each unpaid Uncollectible Negative Balance which is simply brought forward from that column and each Mid Year or Year End Forfeiture brought forward from that column. During the year this will allow you to see how your plan is progressing in view of the risk-shifting feature, and at year end, will allow you to determine if forfeitures exceed any employer liability or vice versa. If there is a negative balance, you will be asked to remit the amount so any outstanding receipts can be paid.