



Flexible Spending Account (FSA) and/or Cafeteria Plan Amendment Confirmation Form

Per your organization's Section 125 Cafeteria Plan & FSA Plan Document, as the Plan Sponsor you may amend or terminated the Plan at any time (Article VIII of the Plan Document). If you wish to add or alter a parameter of your Cafeteria and/or FSA plan, we ask that you use this form and indicate which changes you are looking to implement. **Only with a completed and signed Amendment Confirmation Form will ABG move forward with amending the Plan Document, Summary of Benefits of Coverage (SBC) and administrative set-up of the plan.** Many of the items below require more information in the "More Detail" box near the bottom of the form.

Please note, per your organization's signed Administrative Services Agreement, there is a \$295 fee associated with amending the plan. Change of Executive Officer, Plan Administrator or Company Address do need to be noted in the More Detail section, however, there is no fee for those types of changes.

Employer Information ☐ Change in Employer Details (Federal Tax ID, Type of Organization, add Affiliated Co., etc.)

Cafeteria Plan Rules ☐ Change in Eligibility Rules (required number of hours, waiting period, etc.)
(These rules also apply to FSA plans.)

Add or Remove Benefit Type ☐ Add or ☐ Remove Dependent Care FSA (DCA)
☐ Add or ☐ Remove Health FSA (FSA)
☐ Add or ☐ Remove Limited Purpose Health FSA (LPF)
☐ Add or ☐ Remove Limited Purpose Health FSA (LPF) with Post-Deductible Conversion
☐ Add or ☐ Remove Health Savings Account (HSA)
(Please note that any of the above Plan Types must be included as options in your Section 125 Cafeteria Plan Document, even if ABG is not administering that specific benefit.)

Plan Year ☐ Change in Plan Year Start and End Dates (usually resulting in a Short Plan Year)

Grace Period for FSAs ☐ Add or ☐ Remove Grace Period for Health FSA (FSA) and/or Limited Purpose FSA (LPF)
☐ Add or ☐ Remove Grace Period for Dependent Care FSA (DCA)

Carryover Provision ☐ Add or ☐ Remove Carryover Provision (available for Health FSA and Limited Purpose FSA only)
☐ Requirement of a Minimum Election in the next plan year to receive Carryover
☐ Change in Maximum Annual Health FSA Election (if not automatically following IRS maximum)

Runout Period ☐ Change in Runout Period for Active employees
☐ Change in Runout Period for Terminated employees
☐ Adopt the Dependent Care Spend-down Provision

More Detail

For most changes, ABG needs more information to process the change. Please give a description in the box below (such as numeric value).

Organization Name: _____ Change Effective Date: _____

Print Name: _____ Signature: _____ Date of Signature: _____
(Employer Representative)

ABG Internal Use Only - Change Description Verified: _____