



BENEFITS MANAGEMENT

Mail Slot #37, P.O. Box 1878, Tallahassee FL 32302-1878
Fax 850-514-5803 • Phone 800-872-0345

**Commonwealth of Virginia Department of Accounts
Exception/Discrepancy Response Form**

To: FBMC Commonwealth of Virginia Processor		Date:
From:	Agency Number:	
Phone:	Agency Name:	

FBMC Benefits Administration Department

Please fax form to 850-514-5803

Employee Name: _____ Employee ID#: _____

These changes apply to (check applicable box):

- 403(b) Contributions
- Post-Tax Deductions
- Both

• Monies Expected - None Received:

- Employee seperated from state service (terminated, resigned, retired).** Benefit End Date: _____
- Employee is on "Leave Without Pay".**
Effective Date of Leave: _____ Expected Return Date: _____
- Employee transferred to another agency.**
New Agency Number and Name: _____
Effective date of transfer: _____
- Other:** _____

• Monies Received - None Expected:

- SRA and /or Cash Match form attached.**
- SDA form attached.**
- Other:** _____

• Amount Received Different Than Expected:

- Post-Tax - Employee Cancelled (Benefit)** _____ Benefit End Date: _____
- 403(b) - SRA form attached cancelling deduction.**
- Employee changed or added a benefit. SDA, SRA and/or Cash Match form attached, as appropriate.**
- Other:** _____