



Premier Benefits Solutions

P.O. Box 1878, Tallahassee FL 32302-1878
Fax 850-514-5803

Commonwealth of Virginia

Exception/Discrepancy Response Form

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

FBMC Deduction Management Department

Please fax form to 850-514-5803

Employee name: _____ Employee ID#: _____

These changes apply to (check applicable box):

- Pre-tax TSA Contributions
- Post-tax products or
- Both

• Monies Expected - None Received:

- Employee separated 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 Canceled (Benefit) _____ Benefit End Date: _____
- PRE-TAX - SRA form attached cancelling deduction.
- Employee changed or added a benefit. SDA, SRA and/or Cash Match form attached, as appropriate.
- Other: _____