



Premier Benefits Solutions

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

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

To: <b>FBMC Commonwealth of Virginia Processor</b>		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:** \_\_\_\_\_