



**BENEFITS MANAGEMENT**

Mail Slot #37, PO 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 products
- 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:** \_\_\_\_\_

- Post-Tax - Employee Cancelled (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:** \_\_\_\_\_