



BENEFITS MANAGEMENT

Mail Slot #37, P.O. Box 1878, Tallahassee FL 32302-1878
Fax 850-425-8345 • Phone 844-822-4968

Commonwealth of Virginia Department of Accounts
Exception/Discrepancy Response Form

To: FBMC Commonwealth of Virginia Processor	Today's Date	Applicable Pay Date:
From:	Agency Number:	
Phone:	Agency Name:	

FBMC Benefits Administration Department
Please fax form to 850-425-8345

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 final pay date with deduction: _____
- 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 final pay date with deduction: _____
- Pre-Tax - SRA form attached cancelling deduction.**
- Employee changed or added a benefit. SDA, SRA and/or Cash Match form attached, as appropriate.**
- Other:** _____