

2021 Flexible Spending Accounts (FSA) Change Form

Employee Information: (Please print)

2021

Last Name _____ First Name _____ Employee # or last 4-digits of SSN _____ Plan Year _____

Life Status Change Event: Check the applicable reason box below.

Health FSA Life Status Change Events (check one)

CHANGE IN MARITAL STATUS
You marry You marry and either you and/or your dependent become eligible under and enroll in your new spouse's own employer's health plan, or your spouse is enrolling in his/her/their own employer's health FSA You lose your legal spouse through death, divorce, legal separation or annulment You lose your legal spouse through death, divorce, legal separation or annulment and you and/or your dependents lose coverage under your spouse's employer's health plan or health FSA
GAIN OR LOSS OF A DEPENDENT
You gain an eligible dependent through birth, adoption, or eligible child moves in with you You lose an eligible dependent or a dependent loses eligibility (for example, through death, or when a child turns age 26, or when an individual is no longer financially supported by you)
CHANGE IN EMPLOYMENT STATUS
You, your spouse or dependent gains eligibility for and enrolls in own employer's health FSA, or enrolls self and you in own employer's health plan because you/he/she/they starts employment or has an employment status change You, your spouse or dependent loses eligibility for own employer's health FSA, or health care because you/he/she/they ends employment or has an employment status change

Day Care FSA Life Status Change Events (check one)

CHANGE IN MARITAL STATUS
You marry and gain a dependent You marry and your spouse is either not employed, or is enrolled in his/her/their own employer's Day Care FSA You lose your spouse through death, divorce, legal separation or annulment and your spouse was enrolled in his/her/their own employer's Day Care FSA
GAIN OR LOSS OF A DEPENDENT
You gain an eligible dependent through birth, adoption, or your spouse becomes incapable of self-care You lose an eligible dependent through death; child reaches 13 or child is no longer tax dependent.
CHANGE IN EMPLOYMENT STATUS
Your spouse gains eligibility for and enrolls in own employer's Day Care FSA because he/she/they starts employment or has an employment status change Your spouse loses eligibility in own employer's Day Care FSA because he/she/they ends employment or has an employment status change
COST CHANGES (Does not apply if provider is your relative by blood or marriage)
Your day care provider increased or decreased the cost of service

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CHANGE IN DAY CARE NEEDS

You change day care providers
Your spouse starts **or** ends employment
There is a reduction in hours or cessation of day care (for example, child starts attending school)
You change (in whole or part) from paid day care **to** no care or free/no care (for example, free care by a neighbor, relative, or for state-paid care)
You change (in whole or part) from free/no care to paid care.
You or your spouse changes work schedules, which creates changes or eliminates need for day care
Your spouse who is not employed or looking for employment becomes a full-time student, or becomes incapable of self-care
Your spouse who is not employed or looking for employment is no longer a full-time student or is no longer incapable of self-care

Change Options:

Option 1: Health and Day Care FSA

Type of Action: Change Contribution (increase or decrease)
Disenroll (cancel future deductions; may access remaining balance for services before term date)

Health FSA

Date of Event (mm/dd/yy):

Current Yearly Contribution: \$

New Yearly Contribution: \$

Day Care FSA

Date of Event (mm/dd/yyyy):

Current Yearly Contribution: \$

New Yearly Contribution: \$

The monthly contribution will be calculated by dividing the annual amount by the number of remaining pay periods in the year. You will receive a confirmation of your change from the Benefits Unit.

Option 2: Approved Family Medical Leave (FML) Without Pay

Type of Action: (Complete if you are on an approved FML without pay. Applicable to Health FSA Only)

Continue my coverage. I will self-pay my monthly premium with after-tax dollars during my Leave.

Cancel my coverage. Upon my return, my monthly contribution will be the same as before the Leave, except the annual amount will be reduced by the number of contributions missed while on leave.

Cancel my coverage. Upon my return, my annual contribution will be the same as before the Leave, but I will make-up contributions to remain at the annual election.

Acknowledgement:

As a participant in this pre-tax benefit, I am entitled to revoke my prior benefit election and enter a new election in the event of certain changes in status events.

I understand that the change in my benefit election must be necessitated by and consistent with the Life Status Change Event reason selected on page two and that the change must be acceptable under the regulations issued by the Department of Treasury and/or within 30 days of that change (or 60 days for a new child).

The effective date for the change is the next available pay-period, subject to payroll deadlines. My monthly contribution will appear on my earnings statement.

Services incurred prior to the change in status event can only be reimbursed to the maximum benefit in place on the date that the service was incurred. It is not available from the new election amount.

My signature indicates I have read and agreed to the "Terms and Conditions" on this form. I certify under penalty of lying under oath that all the above information is true to the best of my knowledge and, if applicable, that I have experienced the Life Status Change Event reason selected on page two.

Employee's Signature:

Date (mm/dd/yyyy):

Submit form to: SDHR Benefits Unit Email: Benefits.Unit@seattle.gov Questions: 206.615.1340