



Use this form to change enrollment in your Flexible Spending Accounts. Changes are allowed between January 1, 2021 and September 30, 2021. Please complete all entries on this form. Please print, sign and date this form. Submit the completed form, along with documentation of the qualifying life event*, to:

Postal: ConnectYourCare
P.O. Box 622337
Orlando, FL 32862-2337

Fax: 866-872-7047

STEP 1: Personal Information

First Name:		Last Name:	
Change in Status Date: ___/___/_____		Employee ID:	
Permanent Address:		City:	State: Zip Code:
Date of Birth: (Month/Day/Year) ___/___/_____		Email Address:	

STEP 2: Election Changes

	Current Annual Election Amount	New Annual Election Amount**	Cancel Spending Account
Health Care Spending Account (HCSA) ¹	\$	\$	<input type="checkbox"/> Cancel my account
Limited Purpose Spending Account (LPSA) ¹	\$	\$	<input type="checkbox"/> Cancel my account
Dependent Care Spending Account (DCSA) ²	\$	\$	<input type="checkbox"/> Cancel my account

****New elections must be within IRS limits and your new election may not be below the amount you have already spent from your account. Change in election must be consistent with your qualifying life event. ¹For 2021, Health Care Spending Account contributions are limited to a minimum of \$240 and a maximum of \$2,500 each year. The limit is per person; a married couple may each contribute up to the specified limit. ²Couples who are married and file a joint return, as well as single parents, can contribute a minimum of \$240 and up to \$5,000 in a Dependent Care Spending Account. Couples who are married and file separately can put a maximum of \$2,500 each into a Dependent Care Spending Account.**

STEP 3: Reason for Request

These changes apply to both Health Care, Limited Purpose and Dependent Care Spending Accounts:

- Marriage
 - Divorce
 - Annulment
 - Became eligible for Medicare/Medicaid
 - Loss of Medicare/Medicaid coverage
 - Judgement, decree or order
 - Death of spouse or dependent
 - Dependent is no longer a qualified tax dependent
- Explain _____

- Change in employee's or dependent's employment status
- Did spouse's employment status change?
 - Yes No
- Birth, adoption or placement of a child

- DCSA only changes:
- Child turned age 13
 - Change in cost of care

FMLA Related Requests

- Began Family Medical Leave Act (FMLA)
Start Date _____
- Ended Family Medical Leave Act (FMLA)
Start Date _____

Starting FMLA:

- I wish to continue my Flexible Spending Account and understand that my per paycheck deductions will continue. I realize that if I miss 3 deductions my account will close.
- I wish to cancel my Flexible Spending Account and understand that I may reinstate with no break in coverage upon my return to work.

Ending from FMLA:

- I wish to reinstate my Flexible Spending Account with no break in service and keep my original annual election amount. I realize my per paycheck deduction will increase accordingly.
- I wish to reinstate my Flexible Spending Account with no break in service but want to change my election amount as stated above.

STEP 4: Authorization and Certification

- I certify that the information on this form is accurate.
- I understand that this form will not be considered complete unless it contains the required supporting documentation.* If my request is denied, I understand that I will have to appeal the decision within the time specified in the plan documents.
- I have read and agree to the terms of participation and any applicable certifications in this form and the plan documents. Any previous election amount under the Plan relating to the same Benefits is hereby revoked.
- I understand that my employer and ConnectYourCare, the contract administrator, will not incur any liability resulting from either my participation in any Spending Account or my failure to sign or accurately complete this Enrollment Form.

Account Holder Signature:	Date:
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*Acceptable documentation for each qualifying life event is on the next page.



Acceptable Documentation for Election Changes

Your request must include documentation verifying the qualifying life event. See below for acceptable documentation for each change type. The proposed qualifying life event must be consistent with the type of change experienced.

Qualifying Life Events	Description	Example	Documentation
Marital Status	A change in marital status includes marriage, death of a spouse, divorce, or annulment (legal separation is recognized under the State of Ohio's plan per Ohio law).	Marriage Divorce Legal Separation Death of Employee and/or Spouse	Official or temporary copy of marriage certificate Copy of divorce decree that includes the judge's signature and date divorce was finalized Copy of legal separation decree including the effective date Copy of death certificate
Change in Number of Tax Dependents	A change in number of dependents status includes the following: birth, death, adoption, and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid QLE.	Birth of a Child* Death of a Dependent Adoption or Placement for Adoption of a Child*	Birth certificate, crib card, or hospital bill Copy of death certificate Copy of adoption papers or other court issued forms that contain the judge's signature
Change in Status of Employment Affecting Coverage Eligibility	Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under the State of Ohio's plan, including commencement or termination of employment.	Gain or Loss of Spouse's or Dependent's Employment Change in Employee's Employment Status	Letter from spouse's or dependent's employer stating the date of the employment change and the nature of the change in health insurance coverage documentation
Gain or Loss of Dependents' Eligibility Status	An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under the State of Ohio's plan. May include change in age, student, marital, or tax dependent status.	Gain or Loss of Dependent's Eligibility Status by Attaining a Specific Age or Changes in Student, Marital, or Tax Status	Copy of birth certificate, documentation from dependent's college such as tuition bill or diploma, marriage certificate

*Coverage effective date is the date of the birth or the adoption.