## CHANGES TO FSA ACCOUNTS

### QUALIFYING EVENTS for HCSA and DCAP

For HCSA:
- Termination / Leaving State Service
- Marriage
- Divorce / Annulment
- Judgement, decree or court order
- Beginning or Ending LOA
- Became eligible for Medicare or Medicaid coverage

For DCAP:
- Loss of Medicare or Medicaid coverage eligibility
- Birth, adoption or placement of a child
- Death of a spouse or dependent
- Dependent is no longer a qualified tax dependent
- Change in employee’s benefits status

### LEAVE OF ABSENCE (LOA)

When going on any LOA, DCAP coverage will be discontinued per IRS regulations. You can continue to have deductions taken if you know you will have enough expenses incurred while you are actively working, or you can discontinue the deductions until your return. For HCSA, you maintain coverage while you are paid. However, if you change to an unpaid status, you will lose coverage. Options are listed below, or refer to the Participant Handbook for the current plan year.

### CHANGES TO FSA ACCOUNTS

I have a qualifying event and wish to have my account adjusted. I understand that a change under the FSA does not allow a refund of my already contributed funds.

#### HCSA
- Change my HCSA: Pay Period $_______ x _____ pay periods = New Annual $________ (not to exceed $2,650).
- Cancel my HCSA: I understand I cannot request reimbursement from HCSA or use my Health Care FSA debit card for expenses incurred after this date.

#### DCAP
- Change my DCAP: Pay Period $_______ x _____ pay periods = New Annual $________ (not to exceed $192.30 / pay period).
- Cancel my DCAP.

By completing this form, I understand:
- I or an eligible dependent has had a qualifying change in status, as defined by the Internal Revenue Service, which allows me to change my previous Health Care Spending Account (HCSA) and/or Dependent Care Assistance Program (DCAP) election. I understand that this change in election must be consistent with and correspond to the event.
- This form cancels any prior elections I have made under this plan, and cannot be changed except as stated in the GIC Participant Handbook for the current plan year.

---

#### Fill out the following with your Benefits Coordinator

<table>
<thead>
<tr>
<th>QUALIFYING EVENTS for HCSA and DCAP</th>
<th>LEAVE OF ABSENCE (LOA) including Family Medical Leave Act (FMLA) and Parental Leave</th>
<th>CHANGES TO FSA ACCOUNTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Termination / Leaving State Service</td>
<td>☐ Beginning or Ending LOA</td>
<td>☐ HCSA Change: Pay Period $_______ x _____ pay periods = New Annual $________</td>
</tr>
<tr>
<td>☐ Marriage</td>
<td>☐ Child turned age 13</td>
<td>☐ DCAP Change: Pay Period $_______ x _____ pay periods = New Annual $________</td>
</tr>
<tr>
<td>☐ Divorce / Annulment</td>
<td>☐ Change in the cost of care</td>
<td>☐ Cancel my DCAP.</td>
</tr>
<tr>
<td>☐ Judgement, decree or court order</td>
<td>☐ Change of provider</td>
<td></td>
</tr>
<tr>
<td>☐ Death of a spouse or dependent</td>
<td>☐ New Agency Code:</td>
<td></td>
</tr>
<tr>
<td>☐ Dependent is no longer a qualified tax dependent</td>
<td>☐ Date of Qualifying Event: __ __ / __ __ / 201__</td>
<td></td>
</tr>
<tr>
<td>☐ Change in employee’s benefits status</td>
<td>☐ I’m beginning a LOA on __ __ / __ __ / 201__ and wish to:</td>
<td>☐ I’m ending a LOA on __ __ / __ __ / 201__ and wish to:</td>
</tr>
<tr>
<td>☐ Birth, adoption or placement of a child</td>
<td>☐ ☐ PRE-PAY: My contributions before my LOA begins to continue my HCSA participation while on my unpaid LOA.</td>
<td>☐ ☐ Reinstatement of my HCSA participation while on unpaid LOA. I understand I cannot request reimbursement from HCSA or use my Health Care FSA debit card for expenses incurred while on LOA.</td>
</tr>
<tr>
<td>☐ Death of a spouse or dependent</td>
<td>☐ ☐ DIRECT PAY: My contributions by sending after-tax payments directly to ASIFlex to continue my HCSA participation while on my unpaid LOA. I understand I will receive an invoice from ASIFlex outlining my contribution/admin fee owed.</td>
<td>☐ ☐ Continue my DCAP contributions while I am on my LOA. I understand I cannot request reimbursement from my DCAP account for expenses incurred while on LOA. → ☐ PRE-PAY: $______, to cover __ __/ __ <strong>通过</strong> __/ __ <strong>/ 201</strong>.</td>
</tr>
</tbody>
</table>
| ☐ Dependent is no longer a qualified tax dependent | ☐ ☐ PAY UPON RETURN: the missed deductions to backdate my coverage. I understand that my card and coverage will be suspended while on my leave. My coverage will be back-dated when I return to work and have setup with Benefits to repay or recalculate the deductions on my account. | ☐ ☐ Discontinue my DCAP while on unpaid LOA. I understand I cannot request reimbursement from my DCAP account while on LOA.
| ☐ Change in employee’s benefits status | ☐ ☐ For DCAP only: | ☐ ☐ Discontinue my HCSA while on unpaid LOA. I understand I cannot request reimbursement from my HCSA account for expenses incurred while on LOA. |

---

Coordinators - Send completed form to ASIFlex, not the GIC.

Rev. 1/2018 – Fiscal Year