

**STATE OF WASHINGTON**  
**NAVIA BENEFIT SOLUTIONS ELECTION/CHANGE FORM**



Employees may enroll or change their Medical Flexible Spending Arrangement (FSA) or Dependent Care Assistance Program (DCAP) election(s) when a special open enrollment event (SOE) occurs. Your employer must receive this form **no later than 60 days** after the event that creates a SOE that allows a change to your Medical FSA or DCAP. You also must provide documentation to your employer of the event that creates the SOE to verify your change in status event before your employer can forward this form to Navia Benefit Solutions.

If you have transferred to another state agency to a position that is eligible for Public Employees Benefits Board (PEBB) benefits, use the *Agency Transfer Form* to continue your Medical FSA and/or DCAP elections. See the Medical FSA or DCAP Enrollment Guides for additional information.

**Instructions.** Complete:

1. Section I — Employee Information. Fill this section out completely to ensure enrollment.
2. Section II — Events That Create a SOE. Fill this section out indicating the SOE event (documentation is required).
3. Complete Section III — Change of Election. Write in your new election amounts.
4. Complete Section IV — Signature. Return this form and proof of the SOE event to your personnel, payroll, or benefits office for signature.

**Section I – Employee Information**

Name (Last, First, MI):		SSN (Employee I.D. if higher education):		Date of Birth:
Street Address:		City:	State:	ZIP Code:
Daytime Phone:	Home Phone:	State Agency or higher education institution name:		
Date of Event Creating the SOE:		<b>Internal Use Only</b>		
		Benefit Effective Date:	Effective Payroll Date:	

**DEBIT CARD HOLDERS:** Your debit card will become inactive when your Medical FSA participation as an employee ends. After that, submit claims online, or by mobile app, fax, email, or mail before the end of the claims filing period. See instructions in the Medical FSA and DCAP Enrollment Guides.

**Section II – Events That Create a Special Open Enrollment (SOE)**

<p><b>Events that create an SOE for employees enrolled in Medical FSA or DCAP are listed in Washington Administrative Code 182-08-199</b> (Check the box that applies to you)</p> <p><input type="checkbox"/> A qualified tax dependent becomes eligible under PEBB rules and enrolls in benefits. Includes: marriage or registering a domestic partnership, birth, adoption, assuming a legal obligation for total or partial support in anticipation of adoption, when a child becomes eligible as an extended dependent or dependent with a disability, or a change in the number of family members qualifying for DCAP.</p> <p><input type="checkbox"/> Employee or eligible dependent has a change in employment status that affects the employee's or a dependent's eligibility for Medical FSA or DCAP. If on Family Medical Leave Act (FMLA) period, provide dates of FMLA period below.</p> <p>Start date _____ End Date _____</p>
<p><b>Additional events for employees enrolled in a Medical FSA that create a SOE:</b></p> <p><input type="checkbox"/> A qualified tax dependent no longer meets PEBB eligibility. Examples: Change in marital status, domestic partnership dissolved, or dependent dies.</p> <p><input type="checkbox"/> A court order or National Medical Support Notice requires the subscriber or another individual to provide insurance coverage for an eligible dependent.</p> <p><input type="checkbox"/> Employee or an eligible dependent loses coverage under a group health plan or through health insurance coverage, as defined by the Health Insurance Portability and Accountability Act (HIPAA).</p> <p><input type="checkbox"/> Employee or an eligible dependent becomes entitled (eligible and enrolled) to Medicare, Medicaid, or the Children's Health Insurance Program (CHIP), or loses eligibility for PEBB benefits or a medical assistance program, including Medicaid or the children's health insurance program (CHIP).</p>
<p><b>Additional events for employees enrolled in DCAP that create a SOE:</b></p> <p><input type="checkbox"/> A change in dependent care provider or provider changes the cost of care.</p> <p><input type="checkbox"/> A change in enrollment under another employer plan during the other employer's open enrollment.</p>

*This form continued on next page*

**Change due to termination or leave of absence (ineligible for benefits):**

Check the box below to select how your employer will handle your contributions

**Medical FSA:**

- Accelerate contributions from last paycheck to continue participation with your employer for total annual contributions on a pre-tax basis, **if allowed by payroll/benefits office.**
- Continue Medical FSA participation and pay monthly contributions through employer and participation to plan year-end on an after-tax basis.
- Arrange a schedule with employer's payroll/benefits office to "catch up" Medical FSA payments when returning to work. (Applies only to leave under FMLA and requires **prior** employer approval. You will not be able to claim expenses incurred during the leave. Or make arrangements with your employer about your contributions before going on leave.)
- Terminate contributions and participation. (For FMLA leave: When you return to work you may resume the same deductions through your employer (automatically decreases annual election) or increase deductions to maintain your annual election.) Any expenses incurred during FMLA leave are not eligible for reimbursement.

**DCAP:**

- Stop contributions and allow reimbursement for eligible expenses. (Note: only expenses incurred while working or looking for work will be reimbursed).

**Section III – Change of Election for Medical FSA and DCAP**

**FSA:**

$$\frac{\text{New per paycheck}}{\text{New per paycheck}} \times \frac{\text{\# of paychecks remaining}}{\text{\# of paychecks remaining}} + \frac{\text{Year to date contributed}}{\text{Year to date contributed}} = \frac{\text{New annual election}}{\text{New annual election}}$$

**DCAP:**

$$\frac{\text{New per paycheck}}{\text{New per paycheck}} \times \frac{\text{\# of paychecks remaining}}{\text{\# of paychecks remaining}} + \frac{\text{Year to date contributed}}{\text{Year to date contributed}} = \frac{\text{New annual election}}{\text{New annual election}}$$

**Section IV – Signature**

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN THIS FORM TO YOUR EMPLOYER WITH SUPPORTING DOCUMENTATION**

**Separation from Service:** If the employee revokes existing elections and terminates the receipt of benefits for the remainder of the plan year, then the employee cannot make new elections if he or she returns to service.

**Agency Transfer:** Do not use this form. You must complete the Agency Transfer Form to continue your Medical FSA or DCAP election(s) and notify your new benefits office to continue your contributions for your Medical FSA or DCAP account. You must notify your new employer's personnel, payroll, or benefits office about your Medical FSA or DCAP account no later than December 31, 2016. However, you cannot change your election due to an agency transfer.

**For personnel, payroll, or benefits office staff:** Return the completed form to Navia Benefit Solutions via:

**Fax:** (425) 233-6366 **Email:** election@naviabenefits.com

**Customer Service Line:** (800) 669-3539 Visit us at <http://pebb.naviabenefits.com>