Employer: After reviewing the form, fax to 425-233-6366, email to election@naviabenefits.com, or mail to Navia Benefit Solutions, P.O. Box 53250, Bellevue, WA 98015. For assistance call 1-800-669-3539.

State of Washington
Medical Flexible Spending Arrangement (FSA) & Dependent Care Assistance Program (DCAP) Enrollment Form

Plan Year: 1/1/2016-12/31/2016 *with Medical FSA Grace Period through 3/15/2017*

Instructions

1. Complete Section I — Employee Information.
2. Complete Section II — Elections. Check **YES** for benefits you want to enroll in and give the per plan year and per paycheck deduction amounts. If you are not sure how many paychecks you will receive, contact your personnel, payroll, or benefits office.
3. Complete Section III — Signature. Return form to your personnel, payroll or benefits office for signature by specified deadline.

Section I – Employee Information

Name (Last, First, MI):		SSN (Employee I.D. if higher education):	
Street Address:	City:	State:	ZIP Code:
Daytime Phone:	Home Phone:	Agency or Higher Education Institution Name:	
Date of Birth:	Email Address:	Enrollment Status: ☐ New Hire ☐ Seasonal Employee	

Section II – Elections

Benefit		2016 Election Amount (State, Higher Education, Community and Technical Colleges employees)	(To be used by state employees only) # Paychecks	(To be used by state employees only) Paycheck Deduction
Medical FSA Minimum of $240, Maximum of $2,500	❑ Yes ❑ No	$_____ per plan year	_____ # of paychecks	$_____ per paycheck
Medical FSA Debit Card A debit card that pays for your expenses from the Medical FSA	❑ Yes ❑ No	**You must provide a valid email address to receive the debit card**. There is no cost to receive the first two debit cards and you are not required to use them.		
	❑ YES, send a card for my eligible spouse or dependent.	❑ Spouse ❑ Dependent _____ Last Name, First Name		
Dependent Care Assistance Program Maximum of $5,000 per plan year ($2,500 if married and filing separately) Available for child and elder day care expenses.	❑ Yes ❑ No	$_____ per plan year	_____ # of paychecks	$_____ per paycheck
Direct Deposit Reimbursements are electronically deposited into your bank account. If you leave this section blank we will mail your reimbursements to you.	❑ Yes ❑ No	Name of bank:		
		❑ Checking ❑ Savings	Routing #_____ Account #_____	

This election form will remain in effect and cannot be revoked or changed during the plan year unless the revocation and new elections are consistent with federal regulations and Public Employees Benefits Board (PEBB) Program rules. I understand that I will only receive reimbursements for qualifying medical care or day care expenses. By signing below I acknowledge that I understand the benefits, I have read both sides of this enrollment form, and agree to the terms of use. I authorize and direct my employer to reduce my salary by the amount necessary to pay for the benefit(s) and for the plan year indicated above.

Section III – Signature: Employee, please return this form to your agency's personnel, payroll or benefits office.

Employee Signature:_____Date:_____

Employer Signature:_____Date:_____

Please see the next page for important information about the above benefits.

Additional Information

- **Medical Flexible Spending Arrangement (FSA):**
  - Reimbursement will only be approved for qualifying medical care expenses as allowed by the Internal Revenue Service. It is your responsibility to check the eligibility of an expense.
- **Dependent Care Assistance Program (DCAP):**
  - Reimbursement will be available only for qualifying day care expenses as allowed by the Internal Revenue Service.
  - If the plan year is less than 12 months, the plan limit may be prorated to less than the $5,000 calendar year limit.

Grace Period and the Use It or Lose It Rule

- There is a grace period of 2 ½ months to incur Medical FSA services for the previous plan year. All Medical FSA services must be incurred by March 15, 2017.
- All DCAP services must be incurred by December 31, 2016.
- All claims (Medical FSA and DCAP) must be submitted to Navia Benefit Solutions by March 31, 2017.
- Any 2016 funds not claimed by March 31, 2017 will be forfeited to the plan administrator, the Health Care Authority. Once the money is forfeited, you will not be able to claim it.

Lost Checks and Reissues

- Lost or expired Medical FSA checks can be reissued 10 business days after the original check date. Navia Benefit Solutions will charge a $25 check reissue fee. A check reissue requires at least one business day to process.
- Any fees associated with presenting a canceled check will be deducted from your account as well as the face value of the check.

Direct Deposit

- Deposits by electronic funds transfer may take up to two business days to appear in the designated account.
- Navia Benefit Solutions will deduct a $10 fee from your Medical FSA balance for returned items due to incorrect banking information.

Deductions

- Medical FSA and/or DCAP deductions will be taken from your paycheck evenly throughout the plan year.
- Deductions will start no earlier than the first paycheck of the month after this form is received by your agency personnel, payroll or benefits office.

Change in Status

- The amount you set as your annual election is considered irrevocable for the entire plan year unless a special open enrollment (qualifying event) occurs. See the *Medical Flexible Spending Arrangement Enrollment Guide* or the *Dependent Care Assistance Program Enrollment Guide* for a list of qualifying events.
- If you have a change in status and want to change your election, the change must be consistent with the qualifying event. The change also must be acceptable under IRS regulations.

Ineligible Debit Card Expenses

- Navia Benefit Solutions may use the following methods for correcting the reimbursement of an ineligible debit card charge. A participant must: a) repay the Medical FSA balance for the amount of the ineligible expense to Navia Benefit Solutions, or b) request the substitution or offset of future claims to repay the Medical FSA balance.
- If you use the card for an ineligible expense the card will be suspended to prevent further use. Navia Benefit Solutions will reactivate the card once you reimburse the account for the amount of the ineligible expense. You may still submit claims via online, mobile app, email, fax, or mail. Upon request, we will substitute or offset those future claims against the amount of the ineligible expense until the amount of the ineligible expense is repaid.

Lost or Stolen Debit Card

- Navia Benefit Solutions will charge $5 from your Medical FSA balance to reissue a lost, stolen, or misplaced debit card.
- Your first two debit cards will be issued at no cost. Each additional debit card ordered will incur a $5 fee deducted from your Medical FSA balance.

Electronic Disclosure Notice

- By providing your email address you consent to receive email communications from Navia Benefit Solutions, agents, and subcontractors about your account.
- If you no longer wish to receive information electronically, you may withdraw consent at any time at no cost. To withdraw consent, please contact Navia Benefit Solutions at 1-800-669-3539.
- You have the right to receive a paper version of an electronic document at no cost.
- To access documents you must have Adobe Reader. Navia Benefit Solutions will include a link to download this free software with electronic documents sent to you.