



QUALIFYING LIFE EVENT FORM

To notify FSAFEDS of a qualifying life event (QLE), please complete all details listed in this form and submit your completed and signed form to FSAFEDS.

Address: FSAFEDS – Specialty Forms
P.O. Box 14877
Lexington, KY 40512-4877

SECTION 1: PARTICIPANT INFORMATION

| | | | |
|--|---|---|--|
| Name | | Date | Date of Birth |
| Address | | Daytime Phone | Secondary Phone |
| City/State/ZIP | | Email Address | Secondary Email Address |
| Agency/Bureau | | Sub Agency | |
| Temp or intermittent? <input type="checkbox"/> Yes <input type="checkbox"/> No | Eligible for FEHB? <input type="checkbox"/> Yes <input type="checkbox"/> No | House of Rep and eligible for DC SHOP? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have HDHP with HSA? <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you are enrolling for the first time based on a QLE, your Social Security number (SSN) and direct deposit information are required to enroll in FSAFEDS. Please enter your banking information below. Someone from FSAFEDS will call you to obtain your SSN.

| | |
|---------------------------------|-------------------------------|
| Banking Institution Name | City/State/ZIP |
| Bank Routing/ABA Number | Banking Account Number |

Account Type (select one): Checking Savings

IMPORTANT: Your claims will not be reimbursed until we receive your SSN and direct deposit information.

SECTION 2: QLE AFFECTING ENROLLMENT OR FSAFEDS ELECTION CHANGE

Check applicable box(es) on the following page to indicate the QLE that applies to your situation, and indicate the date the event occurred, or is scheduled to occur. Your enrollment or change in election(s) must be due to, and consistent with, your QLE. In addition, all enrollments and changes are prospective unless due to the birth or adoption of your child, or placement for adoption as stated in the Change in Status section below. Please refer to Section 5 "Important Notes" and the Qualifying Life Event Quick Reference Guide for additional information.

We may ask you to provide proof of your QLE. Acceptable proof includes, but is not limited, to marriage certificates, birth certificates or adoption papers, divorce or annulment papers, dated contract with a daycare provider indicating the cost of daycare, etc.

Change in Status:

Date Event Occurred or is Scheduled to Occur: _____

Type of Qualifying Life Event:

- Change in your legal marital status (i.e., marriage, legal separation, divorce, or death of your spouse)
- Birth, adoption of your child, or placement for adoption
- Death of a spouse or qualifying dependent
- Other change in the number of your qualified dependents (e.g., parents now reside with you because they are incapable of self-care); explain reason:

- Change in employment status (for you, your spouse or your dependent) that affects eligibility for health insurance benefits
- Leave Without Pay (LWOP) due to military deployment. This selection gives you the option of adjusting your annual election. If you will be deployed for longer than 180 days and wish to cancel your account, please submit a HEART Act- QRD form.
- Change in your dependent's eligibility. (e.g., your child reaches age 13 when he/she is no longer eligible for coverage under a DCFSA)
- Change in cost or coverage for daycare or elder care, such as a significant cost increase charged by your current daycare provider, or a change in your provider (DCFSA only)
- Other; please explain:

SECTION 3: ELECTION CHANGES OR FSA ENROLLMENT

As a result of, and consistent with, the QLE indicated in Section 2 above, please provide the information below.

Health Care – I am currently enrolled in: Health Care FSA (HCFSA) Limited Expense HCFSA (LEX HCFSA) No Account

Note: Your new election cannot be less than the expenses for which you've already been reimbursed or less than the amount you have already contributed to your account. The new election amount you indicate below will replace your current annual election. Your current election amount will still be available for expenses incurred between your original effective date through the effective date of this QLE. **Your new election amount is only available for claims incurred from the effective date of this QLE forward.** Please see Section 5 for information on how FSAFEDS will determine your effective date of coverage.

| I WANT TO: (PLEASE CHECK ONE) | MY CURRENT ELECTION IS: | MY NEW ELECTION WILL BE: |
|---|-------------------------|--------------------------|
| <input type="checkbox"/> Increase an existing election Your current election amount will still be available for expenses incurred between your original effective date through the effective date of this QLE. You cannot use your new election amount for claims incurred prior to the effective date of this QLE forward. | | |
| <input type="checkbox"/> Decrease an existing election Your new election cannot be less than the expenses for which you've already been reimbursed or less than the amount you have already contributed to your account. | | |
| <input type="checkbox"/> Elect to participate (new account only) Direct deposit is required to enroll. An FSAFEDS Benefits Counselor will call you to obtain this information at the number provided above. | N/A | |

Dependent Care – I am currently enrolled in: Dependent Care FSA (DCFSA) No Account

Note: Your new election cannot be less than the expenses for which you've already been reimbursed or less than the amount you have already contributed to your account. The new election amount you indicate below will replace your current annual election. Your current election amount will still be available for expenses incurred between your original effective date through the effective date of this QLE. **Your new election amount is only available for claims incurred from the effective date of this QLE forward.** Please see Section 5 for information on how FSAFEDS will determine your effective date of coverage.

| I WANT TO: (PLEASE CHECK ONE) | MY CURRENT ELECTION IS: | MY NEW ELECTION WILL BE: |
|---|-------------------------|--------------------------|
| <input type="checkbox"/> Increase an existing election Your current election amount will still be available for expenses incurred between your original effective date through the effective date of this QLE. You cannot use your new election amount for claims incurred prior to the effective date of this QLE forward. | | |
| <input type="checkbox"/> Decrease an existing election Your new election cannot be less than expenses for which you've already been reimbursed or the amount you have on deposit. | | |
| <input type="checkbox"/> Elect to participate (new account only) Direct deposit is required to enroll. An FSAFEDS Benefits Counselor will call you to obtain this information at the number provided above. Your dependent information is also required (please enter below). | N/A | |

Dependent Information (required for new account)

| | |
|--|----------------------|
| First Name | Last Name |
| Relationship (child, step-child, disabled spouse, etc.) | Date of Birth |

Note: Your dependent must be under age 13, or incapable of self-care in order to be eligible for a DCFSA.

SECTION 4: CANCELLATION OF A QLE

Complete this section **only** if you are canceling the QLE referenced above. This means you previously submitted a QLE to FSAFEDS to request a change in your election(s). **You may only request cancellation of the QLE if the event did not occur.** Upon cancellation of the QLE, your most recent election will be restored. Your most recent election amount will be determined based upon your original enrollment, or as a result of a previously approved QLE, whichever occurred last.

- Cancel a change I already requested.**
 I REVOKE the requested QLE referenced above and request my most recent election be restored.

SECTION 5: IMPORTANT NOTES – PLEASE READ

About Your QLE:

- You cannot reduce your election for a HCFSA, LEX HCFSA or DCFSA to a point where your total allotment is less than the amount you've already been reimbursed or has been deposited in your account. Remember, your annual election cannot be less than \$100 or greater than \$5,000 for a DCFSA (or \$2,500 if you are married and file separately), or \$3,200 for a HCFSA or LEX HCFSA.
- You can submit a QLE request anywhere from 31 days before to 60 days after the date of the event.
- If we receive your QLE request on or after October 1 of any benefit period, we will only consider it if it results in a **decrease** in your annual election. We will not approve a QLE resulting in an increase in your annual election due to the limited number of pay dates remaining in the calendar year.

Notification and Effective Date of Coverage:

- If your QLE is due to the birth or adoption of your child or placement for adoption, your effective date will be retroactive to the date of that event. Otherwise, your effective date will be the first day of the first pay period that begins after we approve your QLE. FSAFEDS will determine the appropriate prorated allotment amount.
- For QLEs submitted prior to the date of the event, the effective date of the QLE will be the first day of the pay period following the date of the event.
- If you submit this form before the event, but the event does not occur for any reason, then you need to fill out Section 4 "Cancellation of this QLE" of this form and fax it to us toll-free at 866-643-2245 immediately. FSAFEDS will stop the changes from being made to your account or, if already made, adjust your account accordingly.

SECTION 6: ACKNOWLEDGMENT INSTRUCTIONS

By signing on page 6, I acknowledge the following information.

My salary will be reduced by the amount I elect under the Federal FSA Program, known as FSAFEDS, continuing for each pay date until my enrollment is amended or terminated. My salary reductions will automatically end after the last pay date in the 2024 calendar year. These reductions do NOT automatically carry forward for the following calendar year.

I agree to use direct deposit for my reimbursements.

Please note: If you do not use the services of some type of financial institution and/or your financial institution is not capable of receiving direct deposit, otherwise known as Electronic Funds Transfers (EFT), you cannot enroll in the FSAFEDS Program. Please contact an FSAFEDS Benefits Counselor toll-free at 877-FSAFEDS (372-3337), TTY: 866-353-8058, Monday through Friday from 9 a.m. until 9 p.m., Eastern Time.

If I wish to participate in FSAFEDS in 2024, I must make an election. Enrollment is not automatic. The 2024 benefit period runs from January 1, 2024 through December 31, 2024 for the Health Care account, and from January 1, 2024 through March 15, 2025 for the Dependent Care account.

I cannot change or revoke any of my elections:

- Until the next Open Season, when I can make a new election.
- Unless I experience a qualifying life event (for example, marriage, divorce and other such events allowed under the Internal Revenue Code and this Plan) and my election change is caused by, and consistent with, the qualifying life event. If my qualifying life event occurs on or after October 1, I will only be able to reduce my FSAFEDS election amount; I will not be able to increase it.

My FSAFEDS allotments are pre-tax elections and will reduce my salary for Social Security tax purposes. This means that my Social Security benefits could be slightly decreased.

BENEFEDS is the administrative system authorized by the Office of Personnel Management to handle payroll deduction functions for FSAFEDS. BENEFEDS works directly with HealthEquity, Inc., the third party administrator for FSAFEDS, and federal agencies to process the payroll deduction(s) of my FSAFEDS allotments. BENEFEDS also handles enrollment and payroll processing functions for the Federal Employees Dental and Vision Insurance Program (FEDVIP). If I am enrolled in FEDVIP, I understand that BENEFEDS will send information about my FEDVIP enrollment to HealthEquity, Inc., for purposes of coordination of benefits with my FSAFEDS account.

I understand that I must notify FSAFEDS if I am reimbursed for the same expense from both my FEDVIP plan and FSAFEDS. I agree that it will be my responsibility to return the duplicate reimbursement to FSAFEDS.

If I wish to continue my enrollment, I must make an election each year during Open Season, or my enrollment will automatically stop.

My allotment per pay date is my annual election divided by the number of remaining pay dates in the 2024 benefit period.

HEALTH CARE ACCOUNTS

Claim Deadlines

I can only submit claims for reimbursement of eligible health care expenses for the 2024 benefit period that are incurred on or after my effective date as shown on my confirmation statement, through December 31, 2024.

I must file all claims for the 2024 benefit period no later than April 30, 2025.

Carryover

In the 2024 benefit period, HCFSA or LEX HCFSA participants can carry over up to \$640 of unused funds to an HCFSA or LEX HCFSA in the 2025 benefit period, as long as they re-enroll in 2025.

I must be employed by an agency that participates in FSAFEDS and actively making allotments from my pay through December 31, 2024 to use carryover. I must also re-enroll in a HCFSA or LEX HCFSA for the 2025 benefit period to use carryover.

If I am not eligible for carryover, I will forfeit any amounts I have remaining in my 2024 HCFSA or LEX HCFSA after December 31, 2024, for which I have not incurred valid expenses and submitted valid claims. My agency does not have the authority to provide waivers for me or any employee regarding funds that may be forfeited.

Leave Without Pay, Separation or Retirement

If I go on leave without pay (LWOP) and will not be making allotments to my account(s), separate, or retire, I can only be reimbursed for eligible health care expenses I've incurred on or before my date of separation, LWOP or retirement. If I choose to cancel my enrollment as a result of a QLE, only expenses incurred on or before my cancellation date are eligible.

DEPENDENT CARE ACCOUNTS

Claim Deadlines

I can only submit claims for reimbursement of eligible dependent care expenses for the 2024 benefit period that are incurred on or after my effective date as shown on my confirmation statement, through March 15, 2025.

I must file all claims for the 2024 benefit period no later than April 30, 2025.



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Grace Period

I must be employed by an agency that participates in FSAFEDS and actively making allotments from my pay through December 31, 2024 in order to participate in the grace period. The 2024 grace period for a Dependent Care FSA is January 1 to March 15, 2025.

If I am eligible for the grace period, I will forfeit any amounts I have remaining in my 2024 Dependent Care account after March 15, 2025, for which I have not incurred valid expenses and submitted valid claims. My agency does not have the authority to provide waivers for me or any employee regarding funds that may be forfeited.

If I am not eligible for the grace period, I will forfeit any amounts I have remaining in my 2024 Dependent Care account after December 31, 2024, for which I have not incurred valid expenses and submitted valid claims. My agency does not have the authority to provide waivers for me or any employee regarding funds that may be forfeited.

Leave Without Pay, Separation or Retirement

If I go on leave without pay (LWOP) and will not be making allotments to my account(s), separate, or retire, I can be reimbursed, up to my account balance, for eligible dependent care expenses incurred from my LWOP, separation or retirement through December 31, 2024.

Employee Signature _____ Date _____

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FOR FSAFEDS USE ONLY

Approved Not Approved

Reason _____

Reviewer _____ Date _____