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

If you are trying to enroll for the current plan year, please go to www.FSAFEDS.gov and click on sign in with Login.Gov in order to complete the enrollment process.

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**	

SECTION 2: CHOOSE YOUR QUALIFYING LIFE EVENT

Check applicable box(es) on the following pages to indicate the QLE that applies to your situation, and indicate the date the event occurred, or is scheduled to occur. Your change in election(s) must be due to, and consistent with, your QLE. 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: _____

Health Care FSA and Limited Expense Health Care FSA Events:

- ☐ A benefit package option is added or eliminated to the employee's, spouse's, or dependent's plan
- ☐ A judgment, decree or order is received that requires the spouse, former spouse, or other individual to provide coverage for the child
- ☐ Dependent is no longer eligible under the plan due to attaining a specified age, or fails to meet student status, etc.
- ☐ Deployment
- ☐ Employee became eligible under spouse's employer-sponsored plan
- ☐ Employee experiences a change in employment status (such as from part-time to full-time, or from hourly to salaried, etc.) becoming eligible under the employer's plan
- ☐ Employee gains employment, becoming eligible under the employer's plan
- ☐ Employee was served a judgment, decree or order requiring child's coverage under employee's plan

- ☐ Employee, spouse or dependent enrolled in employee's plan becomes entitled to Medicare or Medicaid
- ☐ Employee, spouse or dependent enrolled in employee's plan loses eligibility for Medicare or Medicaid
- ☐ Gained a dependent due to birth, adoption, or placement for adoption
- ☐ Gained spouse due to marriage
- ☐ Lost a dependent due to death
- ☐ Lost eligibility under spouse's employer-sponsored plan
- ☐ Lost spouse due to divorce, legal separation, annulment or death
- ☐ Move triggers eligibility under the medical, dental or vision insurance
- ☐ Spouse or dependent experience a change in employment status, becoming eligible under other employer's plan
- ☐ Spouse or dependent gains employment, becoming eligible under other employer's plan
- ☐ Spouse or dependent go out on strike, losing eligibility under other employer's plan
- ☐ Spouse or dependent terminates employment, or experiences other change in employment status, losing eligibility under their employer's plan

Dependent Care FSA Events:

- ☐ A Dependent Care FSA is added, improved, or eliminated to the employee's, spouse's, or dependent's plan
- ☐ A judgment, decree or order is received that requires the spouse, former spouse, or other individual to provide coverage for the child
- ☐ Change in cost or coverage of the dependent care (except when the cost change is imposed by the employee's relative)
- ☐ Change in provider, or a change in hours of dependent care
- ☐ Changed providers or had a change in cost for dependent care
- ☐ Dependent is no longer eligible under the plan due to attaining a specified age, or fails to meet student status, etc.
- ☐ Deployment
- ☐ Employee experiences a change in employment status (such as from part-time to full-time, or from hourly to salaried, etc.) becoming eligible under the employer's plan
- ☐ Employee gains employment, becoming eligible under the employer's plan
- ☐ Gained a dependent due to birth, adoption, or placement for adoption
- ☐ Gained spouse due to marriage
- ☐ Lost a dependent due to death
- ☐ Lost spouse due to divorce, legal separation, annulment or death
- ☐ Move triggers eligibility under the medical, dental or vision insurance
- ☐ Spouse or dependent experience a change in employment status, becoming eligible under other employer's plan
- ☐ Spouse or dependent gains employment, becoming eligible under other employer's plan
- ☐ Spouse or dependent go out on strike, losing eligibility under other employer's plan
- ☐ Spouse or dependent terminates employment, or experiences other change in employment status, losing eligibility under their employer's plan

SECTION 3: ELECTION CHANGES

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)

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. 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:
☐ Increase an existing election		
☐ Decrease an existing election		

Dependent Care – I am currently enrolled in: ☐ Dependent Care FSA (DCFSA)

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 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:
☐ Increase an existing election		
☐ Decrease an existing election		

Note: Your dependent must be under age 13, or incapable of self-care in order to 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 $7,500 for a DCFSA (or $3,750 if you are married and file separately), or $3,400 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 the QLE is for your existing HCFSA or LEX HCFSA account, the effective date of your coverage will be retroactive back to your original effective date for the benefit period.
- If the QLE is for your existing DCFSA account, the effective date of your coverage will be the date of your first pay period following the approval of your QLE, except in cases of birth, adoption, or placement for adoption. In those cases your effective date will be retroactive to the date of birth, adoption, or placement for adoption.
- 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: SIGNATURE

By signing this form, I acknowledge that the information provided is true and accurate to the best of my knowledge.

Employee Signature _____ Date _____

FOR FSAFEDS USE ONLY

☐ Approved ☐ Not Approved

Reason _____

Reviewer _____ Date _____