

# Federal FSA Program

## Belated Enrollment Form



FSAFEDS will consider your Belated Enrollment if you were unable to enroll during Open Season for reasons outside of your control. If approved, your enrollment will be effective January 1, or the day after FSAFEDS receives your form, whichever is later. Your expenses must be incurred on or after the date your enrollment/election is effective, but no later than March 15, 2014, to be eligible for reimbursement under FSAFEDS.

<b>Name:</b>	<b>Date of Birth:</b>
<b>Address:</b>	<b>City/State/Zip:</b>
<b>Email Address:</b>	<b>Daytime Phone:</b>
<b>Agency:</b>	<b>Subagency/Bureau/Office:</b>
<b>FEHB Plan:</b>	<b>FSAFEDS UserID (For re-enrollees ONLY**):</b>

**\*\*RE-ENROLLEES:** You may obtain your UserID by going to My Account Summary, clicking on "I can't remember my UserID" and following the instructions.

### Electronic Funds Transfer (EFT)

We cannot enroll you in FSAFEDS until we have your Social Security Number (SSN) and Electronic Funds Transfer (EFT) information. If your request is approved, an FSAFEDS Benefits Counselor will call to obtain your SSN. **IMPORTANT: Your claims will not be reimbursed until we receive your SSN and EFT information. Please provide a phone number (if different from above) where you can be reached Monday through Friday, between 9:00 A.M. and 3:00 P.M., Eastern Time.**

Phone #: \_\_\_\_\_

<b>Banking Institution Name:</b>	<b>Bank Routing/ABA Number:</b>
<b>Banking Account Number:</b>	<b>City/State/Zip:</b>

**Account Type (select one):**  Checking  Savings

### Reason for Belated Enrollment:

Check applicable box(es) to indicate the reason that applies to your belated enrollment and, if applicable, indicate the day you returned to your duty station. You must be prepared to provide proof of the reason you could not enroll during Open Season, if requested.

- Out of the country during the entire Open Season with no access to the Internet or phone from November 12 through December 10, 2012
- Personal situation (e.g., hospital, major illness, death in the family) that prevented enrollment during the entire Open Season (please explain below)

Other (please explain) \_\_\_\_\_

**Date you returned to work (if applicable)** \_\_\_\_\_

- **Dependent Care (Day Care) Flexible Spending Account (DCFSA) – for non-medical day care and elder care expenses**

Please indicate the annual amount you want to contribute for the 2013 Benefit Period. The maximum allowable annual election is \$5,000 per household (if married and filing taxes separately, the maximum is \$2,500) and the minimum is \$250. By law, you will forfeit any amounts remaining in your DCFSA after March 15, 2014, for which valid expenses have not been incurred and valid claims have not been filed.

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**Are you eligible for a Dependent Care (Day Care) FSA?**

Will your dependent be 12 years of age or younger for the 2013 Benefit Period?  Yes  No

If your answer is No, is your dependent over 12 years of age incapable of self-care?  Yes  No

If your answer is No, you are not eligible for the Dependent Care (Day Care) FSA.

- I wish to contribute \$\_\_\_\_\_00 to a DCFSA for the 2013 Benefit Period.
- I do not wish to contribute to a DCFSA for the 2013 Benefit Period.

• **Health Care Flexible Spending Account** (Select HCFSAs or LEX HCFSAs but not both)

- Health Care Flexible Spending Account (HCFSAs)
- Limited Expense Health Care Flexible Spending Account (LEX HCFSAs) – limited to dental and vision care expenses only – designed for employees enrolled in or covered by a high deductible health plan with a health savings account

Please indicate the annual amount you want to contribute for the 2013 Benefit Period. The maximum allowable annual election per employee is \$2,500 and the minimum is \$250. By law, you will forfeit any amounts remaining in your HCFSAs or LEX HCFSAs after March 15, 2014, for which valid expenses have not been incurred and valid claims have not been filed.

- I wish to contribute \$\_\_\_\_\_00 to an HCFSAs/LEX HCFSAs for the 2013 Benefit Period.
- I do not wish to contribute to a HCFSAs or LEX HCFSAs for the 2013 Benefit Period.

• **Paperless Reimbursement**

I wish to enroll in the Paperless Reimbursement (PR) program if my FEHB and/or FEDVIP plan participates.

**Note: Paperless Reimbursement (PR) does not apply to DCFSAs. Please select your plan(s) from the lists below.**

**FEHB plans currently participating in the PR program:**

Aetna <input type="checkbox"/>	Humana <input type="checkbox"/>
American Postal Workers Union Health Plan <input type="checkbox"/>	M.D. IPA <input type="checkbox"/>
BCBS Service Benefit Plan <input type="checkbox"/>	Mail Handlers Benefit Plan <input type="checkbox"/>
Compass Rose Health Plan (ABP) <input type="checkbox"/>	National Association of Letter Carriers Benefit Plan <input type="checkbox"/>
Foreign Service Benefit Plan <input type="checkbox"/>	Special Agents Mutual Benefit Association <input type="checkbox"/>
Government Employee Hospital Association <input type="checkbox"/>	UnitedHealthcare of the Midwest – B9 <input type="checkbox"/>

**FEDVIP Vision plan currently participating in the PR program:**

Vision Service Plan (VSP) <input type="checkbox"/>	FEP Blue Vision <input type="checkbox"/>
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**FEDVIP Dental plans currently participating in the PR program:**

Aetna Dental <input type="checkbox"/>	GEHA Dental <input type="checkbox"/>
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In order to participate in PR, the FEHB and/or FEDVIP enrollee (the person who pays the premium) Social Security Number must be on file with your FEHB plan. This information is only used to validate your FSAFEDS account and to ensure proper reimbursement. If **you are not** the enrollee you must provide FSAFEDS with the enrollee's necessary information. Please provide the enrollee's name below.

FEHB/FEDVIP Enrollee Name:

**Important Note:** For married Federal employees where both spouses are enrolled in FSAFEDS but are covered under one FEHB self and family enrollment, all claims will be paid via PR from the FEHB and/or FEDVIP enrollee's (the one who pays the FEHB premium) FSA account first. Once the plan enrollee's balance has been exhausted, all claims need to be submitted manually against the other spouse's FSA account, unless you elect shared account processing with your spouse when you enroll in PR. In this case, claims will be forwarded via PR and processed against the FSAFEDS account with a remaining balance.

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### Shared Account Processing with Your Spouse

If you and your spouse both participate in FSAFEDS and **YOU** are **NOT** the FEHB and/or FEDVIP enrollee you can have eligible FSAFEDS PR claims that would normally be processed against your spouse's FSAFEDS account processed against **YOUR FSAFEDS account** when the balance in your spouse's FSAFEDS account reaches zero. This means once your spouse's account balance is depleted, all claims will be processed against your FSAFEDS account. As a result, you will be reimbursed for the eligible expenses that were forwarded from your FEHB and/or FEDVIP plan.

Do you want **all** eligible expenses from the above plan(s) to be processed against your FSAFEDS account when the balance in your spouse's FSAFEDS account reaches zero?  Yes  No

- **Submitting your Belated Enrollment Request to FSAFEDS**

After making your elections:

1. Read, sign and date the form (page 4).
2. Forward all four pages of this form to FSAFEDS via fax or mail. (Emails and attachments will not be accepted!)

- Fax: 1-502-267-2233
- Mail: FSAFEDS Program • PO Box 36880 • Louisville, KY 40233
- Overnight : SHPS • Attn: FSAFEDS Program • 11405 Bluegrass Parkway • Louisville, KY 40299

### Please read the following carefully before you make your elections.

By accepting below, I acknowledge that:

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 2013 calendar year. These reductions do NOT automatically carry forward for the following calendar year.

I agree to use Electronic Funds Transfer (EFT) 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 Electronic Funds Transfers (EFT), you cannot enroll in the FSAFEDS Program. Please contact an FSAFEDS Benefits Counselor at 1-877-FSAFEDS (372-3337), (TTY: 1-800-952-0450), Monday through Friday, 9:00 A.M. until 9:00 P.M., Eastern Time for additional information.**

If I wish to participate in FSAFEDS in 2013 I must make an election. Enrollment is not automatic. The 2013 Benefit Period runs from January 1, 2013 through March 15, 2014, although the dates I am eligible may be different, depending on when I submit my request.

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 ADP Benefit Services KY, Inc., the third party administrator for FSAFEDS, and Federal agencies to process the payroll deduction(s) of my FSAFEDS allotments.

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### The Federal FSA Program

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 ADP, for purposes of coordination of benefits with my FSAFEDS account.

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 2013 Benefit Period.

**I can only submit claims for reimbursement of eligible expenses for the 2013 Benefit Period that are incurred on or after my effective date as shown on my confirmation statement, through March 15, 2014.**

**If I separate, go on leave (including leave without pay), or retire I can only be reimbursed for eligible health care expenses I've incurred ON OR BEFORE my date of separation/leave/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. I can be reimbursed, up to my account balance, for eligible dependent care expenses incurred from my separation/leave/retirement through December 31, 2013.**

**I must be employed by an agency that participates in FSAFEDS and actively making allotments from my pay through December 31 in order to participate in the grace period (an extra 2-1/2 months to use my annual election). The 2013 grace period is January 1 to March 15, 2014.**

**If I AM eligible for the grace period, I will forfeit any amounts I have remaining in my 2013 health care and/or dependent care account(s) after March 15, 2014, 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 2013 health care and/or dependent care account(s) after December 31, 2013, 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.**

**I must file all claims for the 2013 Benefit Period no later than April 30, 2014.**

\_\_\_\_\_  
Signature Date

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**FOR FSAFEDS USE ONLY**

Approved     Not Approved    Reviewer: \_\_\_\_\_    Date: \_\_\_\_\_

Reason: \_\_\_\_\_

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**The Federal FSA Program**