

The Federal FSA Program

Qualifying Life Event (QLE)



Section 1: Identifying information - *All information is required for processing.*

Name:	Date:
Address:	Daytime Phone:
City/State/Zip:	Email Address:
Agency/Bureau:	Date of Birth:
FSAFEDS UserID – if you have one from a previous enrollment in FSAFEDS **:	

****If you were previously enrolled in FSAFEDS and can't remember your UserID, you may obtain it by going to My Account Summary – click on "I can't remember my UserID" and follow the instructions.**

If you are enrolling for the first time based on a QLE, your Social Security Number (SSN) and Electronic Funds Transfer (EFT) information are required to enroll in FSAFEDS. Please send your banking information via the [EFT Form](#), found on www.FSAFEDS.com under Forms, along with this form. IMPORTANT: Your claims will not be reimbursed until we receive your SSN and EFT information.

Section 2: Why are you asking to enroll or change your FSAFEDS election(s)?

Check applicable box(es) below 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: _____
(IMPORTANT: You cannot use your "New Election" amount for claims incurred prior to the effective date of this QLE)

(Check all that apply)

- Change in your legal marital status (i.e., marriage, legal separation, divorce, or death of your spouse)
- Birth or adoption of your child, or placement for adoption
- Death of a dependent
- Other change in the number of your tax dependents (e.g., parents now reside with you because they are incapable of self-care) – specify: _____
- 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 either canceling your account or adjusting your annual election. If you want to cancel your account completely, go to Section 3, check "Decrease and existing election" and enter \$0 in the "My New Election will be" box. Otherwise, simply enter your new annual election amount in Section 3.

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- 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 (e.g., a significant cost increase charged by your current daycare provider, or a change in your provider). (DCFSA only).
- Other (please explain) _____

Section 3: What are you changing?

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

Health Care – I am currently enrolled in: HCFSFA LEX HCFSFA 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 CAN NOT 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) EFT 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: 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 CAN NOT use your “New Election” amount for claims incurred prior to the effective date of this QLE .		
<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) EFT is required to enroll. An FSAFEDS Benefits Counselor will call you to obtain this information at the number provided above.	N/A	

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Section 4: Cancellation of this QLE

Note: 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 that is on deposit in your account. Remember, your annual election cannot be less than \$250 or greater than \$5,000 for any account.
- 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.
- 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 FSAFEDS at 1-866-643-2245 (or 1-502-267-2233 outside the U.S.) immediately. FSAFEDS will stop the changes from being made to your account or, if already made, adjust your account accordingly.

By signing on page 4, 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.

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.

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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. 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.

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 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 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/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.

I understand that a "New Election" amount cannot be used for eligible expenses incurred prior to the effective date of this QLE.

Employee Signature

Date

FOR FSAFEDS USE ONLY

Approved

Not Approved

Reason: _____

Reviewer: _____ Date: _____

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