

**Employer:** After reviewing the form, fax to 425-233-6366, email to [election@naviabenefits.com](mailto:election@naviabenefits.com), or mail to Navia Benefit Solutions, PO 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: 1/1/2018–12/31/2018 with Medical FSA Grace Period through 3/15/2019

**Instructions**

1. Complete Section I — Employee Information.
2. Complete Section II — Elections. Check **YES** for the benefits (Medical FSA and/or DCAP) you want to enroll in and enter the total contribution amount per plan year.
3. Complete Section III — Signature. Return this form to your employer's personnel, payroll, or benefits office for signature by the specified deadline. **(Exception: University of Washington employees must enroll online in Workday.)**

**Important:** You cannot enroll in both a Medical FSA and a Consumer-Directed Health Plan (CDHP) with a Health Savings Account (HSA). If records show that you enrolled in both, you will be disenrolled from the Medical FSA.

**Section I – Employee Information**

Name (Last, First, MI):		SSN (Employee ID 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: <input type="checkbox"/> New Hire; Benefit Effective Date: _____ <input type="checkbox"/> Seasonal Employee	

**Section II – Elections**

Benefit		2018 Election Amount
<b>Medical FSA</b> Minimum of \$240, maximum of \$2,600 per plan year.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ Total contribution amount per plan year
<b>Medical FSA Debit Card</b> A debit card that pays for your expenses with funds from your Medical FSA. There is no cost to receive the first two debit cards. If you already have a debit card, the current card will be reloaded with your new Medical FSA election.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YES, send a card for my eligible spouse or dependent.	<b>You must provide a valid email address in Section I to receive the debit card.</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent _____ Last Name, First Name
<b>Dependent Care Assistance Program</b> Maximum of \$5,000 per plan year, \$2,500 if married and filing separately. (Available for child and elder day care expenses.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ Total contribution amount per plan year
<b>Direct Deposit</b> Reimbursements are electronically deposited into your bank account. If you leave this section blank we will mail your reimbursements to you.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of bank: _____ <input type="checkbox"/> Checking    Routing # _____ <input type="checkbox"/> Savings        Account # _____

This enrollment form will remain in effect and cannot be revoked or changed during the 2018 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 on the reverse page. 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: Submit your completed form to your employer's personnel, payroll or benefits office.**

Employee  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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## Terms of Use

- **Medical Flexible Spending Arrangement (FSA):**
  - Reimbursement will only be approved for qualifying medical care expenses as allowed by the Internal Revenue Service (IRS). 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 IRS.
  - If the plan year is less than 12 months, the plan limit may be prorated to less than the \$5,000 calendar year limit.

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## 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, 2019.
- All DCAP services must be incurred by December 31, 2018.
- All claims (Medical FSA and DCAP) must be submitted to Navia Benefit Solutions by March 31, 2019\*.
- Any 2018 funds not claimed by March 31, 2019 will be forfeited to the plan administrator, the Health Care Authority. Once the money is forfeited, you will not be able to claim it.

\* **If you intend to enroll in a Consumer-Directed Health Plan (CDHP) with a Health Savings Account (HSA) for 2019, you must use all your 2018 Medical FSA funds and have all your claims paid by Navia Benefits Solutions by December 31, 2018.** If you don't use all of your 2018 Medical FSA funds and have all your claims paid by December 31, 2018, this will prevent you and the State from contributing to your HSA account until April 1, 2019.

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## Lost Checks and Reissues

- Lost or expired Medical FSA and DCAP checks can be reissued 10 business days after the original check date. 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.

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## Direct Deposit

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

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## 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.

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## Change in Status

- The amount you set as your annual election (total contribution amount(s) for the plan year) cannot be changed 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(s), the change must be consistent with the qualifying event. The change also must be allowable under IRS regulations. See the *Medical Flexible Spending Arrangement Enrollment Guide* or the *Dependent Care Assistance Program Enrollment Guide* for more information.

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## Transfers between State Agencies and Higher-Education Institutions

- If you enroll in the Medical FSA and/or DCAP and later change jobs and move to another Washington state agency, higher-education institution, or community or technical college that offers PEBB benefits, your enrollment will continue as long as:
  - Your new position is benefits-eligible for participation in the PEBB Program Medical FSA; and
  - You notify your new personnel, payroll, or benefits office and Navia Benefit Solutions of your transfer (for transferred employees) no later than 30 days after you transfer, but before the end of the plan year to avoid unnecessary interruptions; and
  - There is no more than a 30 day lapse in employment or reemployment. **Note:** If you have a break in PEBB benefits coverage, you cannot enroll or reenroll in a Medical FSA or DCAP during the same plan year.

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## Ineligible Debit Card Expenses

- If you use the card for an ineligible expense, the card will be suspended to prevent further use. You may still submit claims online, or by mobile app, email, fax, or mail.
- To correct the reimbursement of an ineligible debit card charge, you must either repay the Medical FSA balance for the amount of the ineligible expense to Navia Benefit Solutions, or request the substitution or offset of future claims to repay the Medical FSA balance.
- Navia Benefit Solutions will reactivate the card once you reimburse the account for the amount of the ineligible expense.

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## Lost or Stolen Debit Card/Additional Debit Card Request

- Navia Benefit Solutions will charge \$5 from your Medical FSA balance to reissue a lost, stolen, or misplaced debit cards.
- 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.

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## 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.