

**COVID-19 MEDICAL FSA & DCAP CHANGE FORM  
WA STATE PEBB NAVIA BENEFIT SOLUTIONS**



**For use only from July 1 through 31, 2020**

In light of the COVID-19 pandemic, we know that your health care needs may have changed. As a result, the PEBB Program has created a limited open enrollment opportunity from July 1 through 31, 2020. During this month, employees may enroll in a Medical Flexible Spending Arrangement (FSA) or Dependent Care Assistance Program (DCAP) or change their 2020 annual election(s) **without** a special open enrollment. Keep in mind that you can lower your election only to the amount you have already contributed or claimed for the year, whichever is higher. (PEBB Continuation Coverage subscribers may not make changes to the Medical FSA election, or enroll in a Medical FSA or DCAP, during this opportunity.)

If you received a \$250 Medical FSA contribution through your collective bargaining agreement in January without enrolling in a 2020 Medical FSA, you can now enroll and add more funds to your account through payroll deduction. If you received the \$250 contribution and enrolled in a 2020 Medical FSA, you can increase your annual election.

Your employer must receive this form **no later than July 31, 2020**. Any changes you make are effective August 1, 2020. Your employer must verify your change in Section III before sending this form to Navia Benefit Solutions. (Exception: University of Washington employees must make changes online in Workday.) **If you do not wish to enroll or change your existing annual election, you do not need to complete this form.**

**Section I – Employee Information**

Name (Last, First, MI):		SSN (or Employee ID if higher-education):		Date of Birth:
Street Address:		City:	State:	ZIP Code:
Daytime Phone:		State Agency or Higher-Education Institution Name:		
Home Phone:		<b>Employer Use Only</b>		
		Benefit Effective Date: August 1, 2020		Effective Payroll Date:

**Section II – Enroll in a Medical FSA or DCAP for the rest of the 2020 plan year**

Benefit		2020 Election Amount	
<b>Medical FSA</b> Minimum of \$240, maximum of \$2,700 per plan year.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ Total contribution amount per plan year	
<b>Debit Card</b> Pays for your expenses with funds from your Medical FSA or DCAP. There is no cost to receive the 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	<b>You must provide a valid email address to receive the debit card.</b> _____ Email Address	
	<input type="checkbox"/> YES, send a card for my eligible spouse or dependent.	<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.	<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 <input type="checkbox"/> Savings	Routing # _____ Account # _____

**Section III – Change of existing 2020 Election for a Medical FSA and/or DCAP**

Select one option per benefit.

**Decrease Medical FSA annual election to \$** \_\_\_\_\_

**Decrease DCAP annual election to \$** \_\_\_\_\_

*I verify this amount is not lower than either the amount I have contributed or the amount I have claimed to date, whichever is higher. To check your current account information, visit [pebb.naviabenefits.com](http://pebb.naviabenefits.com).*

**Increase Medical FSA annual election to \$** \_\_\_\_\_ *Subject to the plan year maximum: \$2,700*

**Increase DCAP annual election to \$** \_\_\_\_\_ *Subject to the plan year maximum: \$5,000*

## Section IV – Signature

Employee's Signature _____	Date _____
Employer's Signature _____	Date _____

### RETURN THIS FORM TO YOUR EMPLOYER BY JULY 31, 2020.

**Separation from Service:** If the employee revokes existing elections due to termination and experiences more than 30 days break in PEBB benefits in the same plan year, they cannot enroll or reenroll in a Medical FSA or DCAP.

**Agency Transfer:** Do not use this form. You must complete the *PEBB Agency Transfer Form* to continue your Medical FSA or DCAP election(s) and notify your new payroll or benefits office to continue your contributions for your Medical FSA and/or DCAP account. You must notify your new employer about your Medical FSA or DCAP account **no later than 31 days after your first day of work with the new agency and before December 31, 2020**. You cannot change your election due to an agency transfer.

**For payroll or benefits office staff:** Review this form, check Section III for accuracy, and sign Section IV. Return the completed form to Navia Benefit Solutions by fax, email, or mail.

**Fax:** (425) 233-6366 **Email:** [election@naviabenefits.com](mailto:election@naviabenefits.com) **Mail:** P.O. Box 53250 Bellevue, WA 98015

**Customer Service Line:** (800) 669-3539 or visit us at [pebb.naviabenefits.com](http://pebb.naviabenefits.com)