

**COVID-19 MEDICAL FSA AND DCAP CHANGE FORM
WA STATE SEBB NAVIA BENEFIT SOLUTIONS**



For use only from July 1 through 31, 2020

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

Your employer must receive this form **no later than July 31, 2020**. Your employer must verify your change in Section III before sending this form to Navia Benefit Solutions. Any changes you make are effective August 1, 2020.

If you do not wish to enroll or change your existing annual election, you do not need to complete this form.

Section I – School Employee Information

Name (Last, First, MI):		SSN :		Date of Birth:
Street Address:		City:	State:	ZIP Code:
Daytime Phone:		School District, ESD, or Charter School Name:		
Home Phone:		Employer Use Only		
		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
Medical FSA Minimum of \$240, maximum of \$2,700 per plan year.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ Total contribution amount per plan year
Debit Card 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 election.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YES, send a card for my eligible spouse or dependent.	You must provide a valid email address to receive the debit card. _____ Email Address <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent _____ Last Name, First Name
Dependent Care Assistance Program 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
Direct Deposit 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 # _____

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 sebb.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 SEBB benefits coverage in the same plan year, they cannot enroll or reenroll in a Medical FSA or DCAP.

Employment Transfer: Do not use this form. You must complete the *SEBB School Employment Transfer Form* to continue your Medical FSA or DCAP election(s) and notify your new payroll or benefits office to continue your contributions. You must notify your new payroll or benefits office about your Medical FSA or DCAP account **no later than 31 days after your first day of work with the new SEBB Organization** and before December 31, 2020. You cannot change your election due to an employment 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 **Mail:** P.O. Box 53250 Bellevue, WA 98015

Customer Service Line: (800) 669-3539 or visit us at sebb.naviabenefits.com