

FSA RENEWAL CHANGE FORM

Complete only the information that is changing,
all other fields can be left blank.



Group Information

Group Name: _____ Group Number: _____

Funding

Minimum and Maximum Employee Contribution Limits

Dependent Care FSA \$ _____ \$ _____ (IRS maximum is \$5,000.00)

Medical FSA \$ _____ \$ _____ (IRS maximum is \$3,200.00)

Does the Employer contribute to any account(s)? Yes No (default)

If yes, indicate which accounts and amount of contribution: (*select all that apply*)

Medical \$ _____ per participant at the start of the plan year.

Dependent Care \$ _____ per participant at the start of the plan year.

Note: The employer can contribute up to \$500 to all eligible workers without the employee contributing. When employer is contributing an amount over \$500, the employer's contribution cannot exceed the employee's election.

Rollover Or Grace Period

Choose One: You may choose rollover or grace period, but not both.

Grace Period

It is the additional time period in which members can incur out-of-pocket expenses in the new plan year if money is left over from the previous plan year. Claims incurred during the grace period may be submitted until the end of the run-out period. A grace period is not recommended for dependent care FSA.

Would you like to add a grace period to the end of the plan year for **Medical FSA**? Yes No

If yes, please indicate your grace period end date ____ / ____ / _____

Would you like to add a grace period to the end of the plan year for **Dependent Care FSA**? Yes No

If yes, please indicate your grace period end date ____ / ____ / _____

Rollover

You have the option to allow employees to carry over up to **\$610** from the current plan year to their FSA for the following plan year. The rollover amount does not count towards the annual FSA contribution limit. Without the rollover or grace period, balances at the end of the plan year are forfeited.

Indicate what happens to unused balances at the end of the plan year:

Roll over balance up to \$640 to subsequent plan year No balance rolls over

Run-Out

The run-out period is the deadline for participants to submit claims for the previous plan year. All eligible claims must be received by the end of the run-out period. (*Length of run-out period must be indicated in whole and/or half-month increments. Half months equate to 15 days.*)

Please indicate the length of the run-out period for Medical FSA employees: _____ (months)

Please indicate the length of the run-out period for Dependent Care FSA employees: _____ (months)

Signature

Effective Date of Change(s): _____

Group Contact Signature

Signature Date