

Employer: After reviewing the form, fax to 425-233-6366, email to election@naviabenefits.com, or mail to Navia Benefit Solutions, PO Box 53250, Bellevue, WA 98015. For assistance, call 1-800-669-3539.

WA State SEBB Medical Flexible Spending Arrangement (FSA) & Dependent Care Assistance Program (DCAP) Enrollment Form
Plan Year: 1/1/2020–12/31/2020 with Medical FSA Grace Period through 3/15/2021



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 payroll or benefits office for signature no later than 31 days after the date you become eligible for these SEBB benefits.

Important: You cannot enroll in both a Medical FSA and a high-deductible health plan (HDHP) with a health savings account (HSA) in the same plan year. 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: | School District, ESD, or Charter School Name: | |
| Date of Birth: | Email Address: | Enrollment Status: <input type="checkbox"/> New Hire; Benefit Effective Date: _____ | |

Section II – Elections

| 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 \$ _____ Number of paychecks per year <input type="checkbox"/> 12 <input type="checkbox"/> 24 |
| Medical FSA Debit Card A debit card that pays for your expenses with funds from your Medical FSA. 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 <input type="checkbox"/> YES, send a card for my eligible spouse or dependent. | You must provide a valid email address in Section I to receive the debit card. <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. (Available for child and elder day care expenses.) | <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 # _____ |

This enrollment form will remain in effect and cannot be revoked or changed during the 2020 plan year unless the revocation and new elections are consistent with federal regulations and School Employees Benefits Board (SEBB) Program rules. I understand that I will receive reimbursements only 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 SPS Human Resources, MS 33-157, PO Box 34165, Seattle WA 98124.

Employee Signature: _____ Date: _____

Employer Signature: _____ Date: _____

Terms of Use

- **Medical Flexible Spending Arrangement (FSA):**
 - Reimbursement will be approved only 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.

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, 2021.
- All DCAP services must be incurred by December 31, 2020.
- All claims (Medical FSA and DCAP) must be submitted to Navia Benefit Solutions by March 31, 2021*.
- Any 2020 funds not claimed by March 31, 2021 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 high-deductible health plan (HDHP) with a health savings account (HSA) for 2021, you must use all your 2020 Medical FSA funds and have all your claims paid by Navia Benefits Solutions by December 31, 2020.** If you don't, this will prevent you and the State from contributing to your HSA account until April 1, 2021.

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.

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.

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 your employer's personnel, payroll, or benefits office receives this form.

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 event (qualifying event) occurs. See the *SEBB Medical Flexible Spending Arrangement (FSA) Enrollment Guide* or the *SEBB Dependent Care Assistance Program (DCAP) 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 *SEBB Medical FSA Enrollment Guide* or the *SEBB DCAP Enrollment Guide* for details.

Transfers between SEBB school districts, educational service districts, and charter schools

- If you enroll in the Medical FSA and/or DCAP and later change jobs and move to another Washington school district, educational service district, or charter school that offers SEBB benefits, your enrollment will continue as long as:
 - Your new position is benefits-eligible for participation in the SEBB Program Medical FSA or DCAP; and
 - You notify your new payroll or benefits office and Navia Benefit Solutions of your transfer (for transferred employees) no later than 31 days after your first day of work at the new district or charter school; and
 - There is no more than a 30-day lapse in employment or reemployment within the same plan year. **Note:** If you have more than a 30-day break in SEBB benefits coverage, you cannot enroll or reenroll in a Medical FSA or DCAP during the same plan year.

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.

Lost or Stolen Debit Card/Additional Debit Card Request

- You may request a debit card when you enroll in a Medical FSA. You may also request a second card for your spouse or eligible dependent at no cost.
- If your card is lost or stolen throughout the plan year, you can request a replacement card at no additional cost.

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 electronic documents, you must have Adobe Reader installed on your computer. Navia Benefit Solutions will include a link to download this free software with electronic documents sent to you.