

**FLEXIBLE SPENDING ACCOUNT STATUS CHANGE**  
Public Education Employees' Health Insurance Plan  
P. O. Box 302150 ♦ Montgomery, Alabama 36130-2150  
334.517.7000 or 877.517.0020; Fax: 334.517.7001 or 877.517.0021  
Website: [www.rsa-al.gov](http://www.rsa-al.gov)



**ACTIVE MEMBERS  
ONLY**

**PEEHIP Subscriber Information**

*Name must be entered as shown on your Social Security card.*

Social Security Number or PID Number	First Name	Middle Name/Initial	Last Name
Mailing Address	City	State	ZIP Code
Date of Birth ____/____/____	Home Phone ____-____-____	Work Phone ____-____-____	Email Address
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed			

**Reason for Status Change**

I certify that I have incurred the following change in status:

- |   |  |
|---|--|
| <input type="checkbox"/> Marriage                   | <input type="checkbox"/> Dependent no longer in daycare ( <i>Dependent Care FSA only</i> ) |
| <input type="checkbox"/> Marriage of dependent      | <input type="checkbox"/> Significant change in medical benefits or premiums                |
| <input type="checkbox"/> Birth of a child           | <input type="checkbox"/> Termination of spouse/dependent employment                        |
| <input type="checkbox"/> Adoption of a child        | <input type="checkbox"/> Commencement of spouse/dependent employment                       |
| <input type="checkbox"/> Legal custody of a child   | <input type="checkbox"/> Taking leave under the Family and Medical Leave Act               |
| <input type="checkbox"/> Divorce/annulment          | <input type="checkbox"/> Medicare/Medicaid entitlement                                     |
| <input type="checkbox"/> Death of spouse/dependent  | <input type="checkbox"/> Unpaid Leave of Absence   |
| <input type="checkbox"/> Dependent loss of coverage | <input type="checkbox"/> Short plan year   |

**Date qualifying event occurred (Required)** \_\_\_\_/\_\_\_\_/\_\_\_\_

*Note: PEEHIP must be notified within 45 days of the occurrence of the qualifying event. Changes cannot be processed without the appropriate documentation.*

**Healthcare Flexible Spending Account Information**

Healthcare Flexible Spending Account Change Request: *Cannot be less than the amount already payroll deducted or paid in reimbursements.*

New Annual Election Amount \$ \_\_\_\_\_

**Maximum amount cannot exceed \$2,550 and the minimum annual amount is \$120.** New monthly contribution amount will be determined by dividing the remaining election amount by the total months remaining in this plan year.

Stop Payroll Deductions

Reimbursement Option Change can only be made by calling PEEHIP Flex Plan at 877.288.0719.

**Dependent Care Flexible Spending Account Information**

Dependent Care Flexible Spending Account Change Requested: *Cannot be less than the amount already payroll deducted or paid in reimbursements.*

New Annual Election Amount \$ \_\_\_\_\_

**Maximum amount cannot exceed \$5,000 if single or married filing a joint return, \$2,500 if married filing separate returns.**

The minimum annual amount is \$120. New monthly contribution amount will be determined by dividing the remaining election amount by the total months remaining in this plan year.

Stop Payroll Deductions

**PEEHIP Subscriber Certification**

I understand that Federal regulations prohibit me from changing the election I have made after the beginning of the plan year, except under special circumstances. I understand that the change in my benefit election must be necessary or appropriate as a result of the status change under the regulations issued by the Department of the Treasury. I hereby certify under penalties of perjury that the information furnished in this form is true and complete to the best of my knowledge.

Employee Signature \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

# Flexible Spending Accounts

Participation in a Flexible Spending Account allows you to save tax dollars on money you will spend on copays, deductibles and other covered services each plan year.

**Health Care Flexible Spending Account (Health FSA)** allows active members to set aside up to a maximum of **\$2,550** of pre-tax contributions each year to pay themselves back for eligible health care expenses incurred by them and their dependents. The minimum annual election to participate in the PEEHIP Health FSA is plan is \$120. For more information concerning eligible expenses see *IRS Publication 502*, Medical and Dental Expenses.

**Dependent Care Flexible Spending Account (DCRA)** allows active members to set aside up to a maximum of \$5,000 in pre-tax contributions each year to pay for dependent day care expenses so the member (and spouse, if married) can work outside of the home or attend school full time. DCRA funds can only be used for reimbursement of payment for **day care expenses** (i.e., licensed nursery school or daycare for children under 13, or daycare for elderly or disabled dependents). The minimum annual election to participate in the PEEHIP DCRA plan is \$120. For more information concerning eligible expenses and guidelines governing a DCRA see *IRS Publication 503*, Child and Dependent Care Credit.

*Members who participate in a Health FSA or DCRA with another sponsor, in addition to a PEEHIP account, should be mindful not to exceed the IRS yearly allowable maximum amount per tax payer.*

## Elected Amounts and Reimbursement

You can only be reimbursed for eligible expenses outlined in the plan. Refunds are not permitted. Funds assigned to one account cannot be transferred to the other account under any circumstances. Therefore, you should carefully plan the annual amount you elect to contribute to each Flexible Spending Account. To assist in determining the contribution amount a Tax Savings Calculator is available at [www.rsa-al.gov](http://www.rsa-al.gov) and [www.healthequity.com/PEEHIP](http://www.healthequity.com/PEEHIP). The annual contribution amount selected is divided equally based on the number of remaining months in the plan year to determine the monthly contribution amount. For members who plan to be employed for the full plan year and sign up during Open Enrollment, the annual amount will be divided by 12. For members that plan to retire before the end of the plan year, an adjustment will be made accordingly.

**Traditional Bump Reimbursement:** This method is available only for the Health FSA. The Health FSA is linked to your PEEHIP hospital / medical and Southland dental and vision coverage. When you pay for eligible out-of-pocket expenses, such as copays, the funds are automatically reimbursed to you without having to file a receipt.

**Manual Reimbursement:** This method is available for the DCRA and Health FSA. You must submit a Request for Reimbursement form along with an itemized receipt indicating the charges that were incurred and the dates of services. Health FSA funds are available for reimbursement up to the annual amount elected as of the first effective day of the plan. Funds for reimbursement from the DCRA become available only after contributions have been withheld from your paycheck.

## Timely Filing Period Deadline / Carryover

The PEEHIP Flexible Spending Account plan year ends September 30. You have until January 15 following the end of the plan year to submit a Request for Reimbursement form along with receipts for eligible expenses that occurred during the plan year (October through September). Funds remaining in the DCRA after the filing deadline will be forfeited.

## \$500 Carryover Provision (applicable to Health FSA only)

PEEHIP allows members up to \$500 of unused funds remaining in a Health FSA at the end of the plan year to be carried over and used for eligible Health FSA expenses in the following plan year. Remaining Health FSA funds will be forfeited. This provision is in accordance with guidelines set by the Department of Treasury Notice 2013-7 issued by the IRS on October 31, 2013.

*PEEHIP Flexible Spending Accounts are administered by Health Equity and are available to all actively employed members of PEEHIP. For a complete summary of the PEEHIP Flexible Spending Account Plan please go to [www.rsa-al.gov](http://www.rsa-al.gov).*