



Your SSN \_\_\_\_\_

PID \_\_\_\_\_

This form is for active members only. You may submit information online at <https://mso.rsa-al.gov>.

**Subscriber Information**

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

Name \_\_\_\_\_  
First Middle/Maiden Last

Mailing Address \_\_\_\_\_  
Street or P.O. Box Apt.# City State ZIP Code

Telephone \_\_\_\_\_  
Cell Phone Home Phone Work Phone

Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Marital Status  Married  Single  Widowed  Divorced  Legally Separated

**Section A**

**Reason for Status Change**

*Changes cannot be processed without the appropriate documentation.*

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

<input type="checkbox"/> Short plan year	<input type="checkbox"/> Medicare/Medicaid entitlement
<input type="checkbox"/> Marriage of member or dependent	<input type="checkbox"/> Commencement of spouse/dependent employment
<input type="checkbox"/> Birth, adoption, or legal custody of a child	<input type="checkbox"/> Termination of spouse/dependent employment
<input type="checkbox"/> Divorce, legal separation, or annulment	<input type="checkbox"/> Dependent turns age 13 (DCRA only)
<input type="checkbox"/> Death of spouse/dependent	<input type="checkbox"/> Change in the cost of daycare (DCRA only)
<input type="checkbox"/> FMLA or Unpaid Leave of Absence	

Date qualifying event occurred (required) \_\_\_\_\_

PEEHIP must be notified within 45 days of the occurrence of the qualifying event.

**Section B**

**Healthcare Flexible Spending Account Information**

**Healthcare Flexible Spending Account (Health FSA) Change Request:**

New Annual Election Amount: \$ \_\_\_\_\_  Cancel Health FSA

- New annual election amount cannot be less than \$120 or more than \$3,200.
- New annual election amount cannot be less than the amount already payroll deducted.
- New annual election amount cannot be less than the remaining account balance.

**Section C**

**Dependent Care Reimbursement Account Information**

**Dependent Care (daycare) Reimbursement Account (DCRA) Change Request:**

New Annual Election Amount: \$ \_\_\_\_\_  Cancel DCRA

- New annual election amount cannot be less than \$120 or more than \$5,000.
- New annual election amount cannot be less than the amount already payroll deducted.

**Section D**

**Signature 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. My new monthly contribution amount will be determined by dividing the remaining election contribution amount by the total months remaining in this plan year. I hereby certify under penalties of perjury that the information furnished on this form is true and complete to the best of my knowledge.

**Sign Here →**  
*Subscriber*

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Flexible Spending Accounts

Per IRS regulations, members enrolling in a Flexible Spending Account (FSA) must remain enrolled for the entire plan year. Only under special circumstances are you allowed to change or revoke your FSA election. PEEHIP must be notified within 45 days of the Qualifying Life Event (QLE). The new amount:

- Cannot be greater than the maximum annual amount allowed for the FSA
- Cannot be less than \$120
- Cannot be less than the amount already payroll deducted
- Cannot be less than the amount already paid out/reimbursed from the FSA

*Members can view their current balance and status of reimbursements by logging into the HealthEquity® member portal at [healthequity.com/PEEHIP](http://healthequity.com/PEEHIP), through the HealthEquity® mobile app, or by contacting Customer Service at 877.288.0719.*

### Election Change

The election change must be consistent with the QLE, such as to add a dependent and increase your election amount, or drop a dependent and decrease your election amount. Some QLE's will not apply to both programs. For example: Significant change in dependent care cost allows members to make an election change to their DCRA but not to their Health FSA, and Medicare/Medicaid entitlement changes can be made to the Health FSA but not the DCRA.

Your new monthly contribution amount will be determined by dividing the remaining election amount by the total months remaining in the plan year.

### Documentation

Documentation of the QLE must be received with the FLEXIBLE SPENDING ACCOUNT STATUS CHANGE application. For example, for a QLE of marriage, you must include a copy of your marriage certificate with your FLEXIBLE SPENDING ACCOUNT STATUS CHANGE form. For a QLE of Medicare/Medicaid entitlement, you must include a copy of your ID card showing the coverage effective date with your FLEXIBLE SPENDING ACCOUNT STATUS CHANGE form. The change to your FSA will be consistent with the first of the month following the date of the QLE.

### Cancellation

Cancellation of your FSA will be allowed if you go on Family Medical Leave (FMLA) or an unpaid Leave of Absence (LOA) for more than 30 days, or terminate employment. Cancellation of your DCRA is also allowed if you become ineligible to participate in the plan for reasons such as your dependent child reaches the age of 13. You will have 105 days after cancellation to submit a reimbursement request for expenses incurred prior to cancellation. Per IRS guidelines, PEEHIP is not allowed to refund FSA funds. Any remaining funds in the FSA after 105 days will be forfeited including any carryover funds from your Health FSA. A reimbursement request can be submitted online by logging into the HealthEquity® member portal at [healthequity.com](http://healthequity.com) or by submitting a manual reimbursement request to the address on the Reimbursement Form.

### New Enrollment (Short Plan Year)

Members are allowed to enroll in coverage outside of Open Enrollment due to birth, adoption, or gaining legal custody of a child. PEEHIP will also allow members who are participating in another school system-sponsored flex plan to enroll in the PEEHIP FSA for a "short plan year" upon the end of the school's flex plan year. Members who enroll in the PEEHIP FSA while also enrolled in another FSA should be mindful not to exceed the IRS yearly allowable maximum amount per taxpayer.

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