

**State of Washington
Medical Flexible Spending Arrangement (FSA)
& Dependent Care Assistance Program (DCAP) Open Enrollment Form**



Plan Year: 1/1/2017–12/31/2017 with Medical FSA Grace Period through 3/15/2018
(Only use this form from November 1–30, 2016)

Instructions

1. Complete Section I — Employee Information.
2. Complete Section II — Elections. Check **YES** for benefits you want to enroll in and give the per plan year and per paycheck deduction amounts. If you are not sure how many paychecks you will receive, contact your agency personnel, payroll or benefits office.
3. Complete Section III — Signature. Return the form **by November 30, 2016**, to the appropriate contact shown on the bottom of this page. Forms received after November 30, 2016 will not be accepted for 2017 Medical FSA and/or DCAP enrollment.

Important: You cannot enroll in both a Medical FSA and a Consumer-Directed Health Plan (CDHP) with a Health Savings Account (HSA). If records show that you enrolled in both, you will be disenrolled from the Medical FSA prior to the start of the plan year.

Section I – Employee Information

Name (Last, First, MI):		SSN (or Employee ID if higher-education):	
Street Address:		City:	State: ZIP Code:
Daytime Phone:		Home Phone:	Agency or Higher-Education Institution Name:
Date of Birth:	Email Address:		Enrollment Status: <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Seasonal Employee

Section II – Elections

Benefit	2017 Election Amount (State, Higher-Education, Community and Technical College employees)	(To be used by state employees only)	
		# Paychecks	Paycheck Deduction
Medical FSA Minimum of \$240, Maximum of \$2,500 per plan year.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per plan year	_____ # of paychecks \$ _____ per paycheck
Medical FSA Debit Card A debit card that pays for your expenses from the Medical FSA.	<input type="checkbox"/> Yes <input type="checkbox"/> No	You must provide a valid email address to receive the debit card. There is no cost to receive a debit card. You must elect the card each year. If you already have a debit card, the current card will be reloaded with your new Medical FSA election.	
	<input type="checkbox"/> Yes, send a card for my eligible spouse or dependent.	<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	\$ _____ per plan year	_____ # of paychecks \$ _____ per paycheck
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 election form will remain in effect and cannot be revoked or changed during the plan year unless the revocation and new elections are consistent with federal regulations and Public Employees Benefits Board (PEBB) Program rules. I understand that I will only receive reimbursements for qualifying medical care or day care expenses. By signing below, I acknowledge that I understand the benefits. I have read both sides of the enrollment form, and agree to the terms of use. I understand the benefits and I have read 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

Employee Signature: _____ Date: _____

Please see the next page for important information about the above benefits.

Enroll online at <http://pebb.naviabenefits.com> or print out the form and follow these instructions to submit your completed Form:

State Agency and Higher-Education Employees	
During the PEBB Program's annual open enrollment (November 1- 30):	Fax to 425-233-6366, email to election@naviabenefits.com , or mail to Navia Benefit Solutions, PO Box 53250, Bellevue, WA 98015. Form must be received by November 30, 2016 for the 2017 plan year. Forms received after November 30, 2016 will not be accepted for 2017 Medical FSA and/or DCAP enrollment.

Additional Information

- **Medical Flexible Spending Arrangement (FSA):**
 - Reimbursement will only be approved for qualifying health 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 2½ months to incur Medical FSA services against the prior plan year. All Medical FSA services must be incurred by March 15, 2018.
- All DCAP services must be incurred by December 31, 2017.
- All claims (Medical FSA and DCAP) must be submitted to Navia Benefit Solutions by March 31, 2018*.
- Any 2017 funds not claimed by March 31, 2018 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 Consumer-Directed Health Plan (CDHP) with a Health Savings Account (HSA) for 2018, you must use all your 2017 Medical FSA funds and have all your claims paid by Navia Benefits Solutions by December 31, 2017.** If you don't use all of your 2017 Medical FSA funds and have all your claims paid by December 31, 2017, this will prevent you and the State from contributing to your HSA account until April 1, 2018.

Lost Checks and Reissues

- Lost or expired Medical FSA checks can be reissued 10 business days after the original check date. Navia Benefit Solutions will charge a \$25 check reissue fee. 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 (EFT) may take up to two business days to appear in the designated account.
- Navia Benefit Solutions will deduct a \$10 fee from your Medical FSA balance for returned items due to incorrect banking information.

Deductions

- If enrolling during the PEBB Program's open enrollment (November 1-30), deductions will start with your first paycheck starting in the plan year.
- Medical FSA and/or DCAP deductions will be taken from your paycheck evenly throughout the plan year.

Change in Status

- The amount you set as your annual election is considered irrevocable for the entire plan year unless a special open enrollment event (qualifying event) occurs to allow a change in status. See the *Medical Flexible Spending Arrangement Enrollment Guide* or the *Dependent Care Assistance Program Enrollment Guide* for a list of qualifying events.
- If you have a qualifying event/change in status and want to change your election, your change must be consistent with the change in status. The change also must be acceptable under IRS regulations.

Ineligible Debit Card Expenses

- Navia Benefit Solutions may use the following methods for correcting the reimbursement of an ineligible debit card charge. A participant must: a) repay the amount of the ineligible expense, or b) request the substitution or offset of future claims to repay the amount.
- If you use the card for an ineligible expense the card will be suspended to prevent further use, and will remain suspended if the expense is not substantiated. Navia Benefit Solutions will reactivate the card once you reimburse the account for the amount of the ineligible expense. You may still submit claims via fax or mail. We will substitute or offset those future claims against the amount of the ineligible expense until the amount of the ineligible expense is repaid, upon request.

Lost or Stolen Debit Card/Additional Debit Card Request

- Navia Benefit Solutions will charge \$5 from your Medical FSA balance to reissue lost, stolen, or misplaced debit cards.
- Your first two debit cards will be issued at no cost. Each additional debit card ordered will incur a \$5 fee deducted from your Medical FSA balance.

Electronic Disclosure Notice

- By providing your email address you consent to receive email communications from Navia Benefit Solutions, agents, and subcontractors about your account via email.
- 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 documents you must have Adobe Reader. Navia Benefit Solutions will include a link to download this free software with electronic documents sent to you.

Navia Benefit Solutions: Monday – Friday, 5am – 5pm (PST)

Phone: 1-800-669-3539 or 425-452-3500

Email: customerservice@naviabenefits.com