



2020 Flexible Spending Account Change Request form

The Internal Revenue Service (IRS) recently issued updated guidelines for health care (HCFSA) and dependent care (DCFSA) flexible spending accounts, in response to the COVID-19 pandemic. You now have the choice to make changes to your Flexible Spending accounts mid-year. To ensure adequate time to process your request, completed Flexible Spending Account Change request forms must be received by Human Resources (1) one week prior to the pay date that the employee wishes to make the change.

If you do not wish to make any changes, nothing further is needed.

Select reason for change:

- **Stop my Flexible Spending Account effective next available pay period. Choose one or both:**

____ Medical Flexible Spending Account

____ Dependent Care Flexible Spending Account

- **Enroll in a Flexible Spending Account. Choose one or both:**

____ Medical Flexible Spending Account

Annual amount _____ (maximum is \$2,750 for the year)

____ Dependent Care Flexible Spending Account

Annual amount _____ (maximum is \$5,000 for the year)

- **Change the amount of my current flexible spending account contribution:**

____ Medical Flexible Spending Account

Annual amount _____ (maximum is \$2,750 for the year)

____ Dependent Care Flexible Spending Account

Annual amount _____ (maximum is \$5,000 for the year)

Employee Name: _____

Employee Number: _____

Employee Signature: _____

Date: _____

Please return completed form to Human Resources by:

1. Emailing completed form to HR.Benefits@nhrmc.org
2. Faxing completed form to 815-5969