



Washington Flex (Health Care Spending Account) & Dependent Care Assistance Program (DCAP)

Change Form

You must complete this form within 60 days of your qualifying event to change your FSA and/or DCAP election amount.

Form with fields for Name (Last, First, MI), Social Security Number, Date of Birth, Street Address, City, State, ZIP Code, Daytime Phone, Home Phone, Agency or Higher-Education Institution Name, Employee I.D. (Higher Education only), Date of Qualifying Event, Payroll Effective Date (Internal Use Only).

Type of Qualifying Event—Please select appropriate event(s)

- Marriage
Divorce
Annulment
Began Family Medical Leave Act (FMLA) period (Start Date)
Ended Family Medical Leave Act (FMLA) period (End Date)
Became eligible for Medicare or Medicaid coverage

- Lost eligibility for Medicare or Medicaid coverage
Judgment, decree or court order
Death of spouse or dependent
Dependent is no longer a qualified tax dependent
Explain:
Change in employee's or dependent's employment status
Did spouse's employment status change? Yes No
Birth, adoption or placement of adoption of a child

- For DCAP only:
Child turned age 13
Change in the cost of care

Changes to Flexible Spending Account (FSA) Contributions

- I wish to change my Flexible Spending Account contributions for 2010. My annual contribution amount will now be \$... (Minimum \$240/Maximum \$3,600) My per-paycheck deductions will change accordingly, starting with the first paycheck of the month after the latter of (1) the date of the qualifying event or (2) the date this form is signed.
I wish to cancel my Flexible Spending Account contributions.

Benefits Office Use

of Checks Remaining
of
Per Check Amount

Changes to Flexible Spending Account (for FMLA only)

When beginning FMLA:

- I wish to continue my Flexible Spending Account participation while on FMLA. I must send after-tax payments to ASI using the Continuation of Coverage form found at www.asiflex.com/pebb.
I wish to discontinue my Flexible Spending Account participation while on FMLA. I cannot request reimbursement from my Flexible Spending Account for expenses incurred while on FMLA.

When ending FMLA and returning to work:

- I wish to reinstate my Flexible Spending Account at the same annual amount. My per-paycheck deduction will increase accordingly.
I wish to reinstate my Flexible Spending Account at the same per-paycheck amount. This will reduce the annual amount I originally elected for 2010.

Changes to my Dependent Care Assistance Program (DCAP)

- I wish to change my Dependent Care Assistance Plan contributions for 2010. My annual contribution amount will now be \$... (Maximum of \$5,000). My per-paycheck deductions will change accordingly, starting with the first paycheck of the month after the latter of (1) the date of the qualifying event or (2) the date this form is signed.
I wish to cancel my Dependent Care Assistance Program contributions.

Benefits Office Use

of Checks Remaining
of
Per Check Amount

I understand:

- I or an eligible dependent has had a qualifying change in status, as defined by the Internal Revenue Service, which allows me to change my previous Flexible Spending Account and/or Dependent Care Assistance Program election.
If I cancel my Flexible Spending Account contributions, I cannot claim reimbursement for expenses incurred for the remainder of 2010 unless I have another qualifying event and submit another change form to ASI. (This does not apply to DCAP participants.)
The FSA and DCAP benefits, and my rights and obligations under this plan, as specified in the Washington Flex Enrollment Guide and/or the DCAP Enrollment Guide.
This form cancels any prior elections I have made under this plan, and cannot be changed except as stated in the Washington Flex Enrollment Guide and/or the DCAP Enrollment Guide.

Employee signature

Date

State agency, University of Washington, and Eastern Washington University employees: Fax this form (toll-free) to ASIFlex at 1-877-879-9038 or mail to ASIFlex, P.O. Box 6044, Columbia, MO 65205-6044. All other employees: Please return this form to your benefits office for processing.

Questions? Call ASIFlex toll-free at 1-800-659-3035 (TTY 866-908-6043) or send an e-mail to asi@asiflex.com