

Dependent Care Flexible Spending Account

Change Request Form



You may change your Dependent Care FSA (DCFSA) election amount within a 31-day window after a qualifying event. Examples of qualifying events include:

- Marriage
 - Increase your contribution if you have gained a new eligible tax dependent
 - Cancel your coverage if your new spouse is not employed
 - Decrease your contribution if your new spouse has a DCFSA through their employer
- Birth or adoption of a child
- Death of a dependent
- Divorce
- Change in your (or your spouse's) employment
- Change in qualified dependent care expenses
- Enroll or increase your contributions if you lose eligibility under your spouse's DCFSA

Documentation must be provided within 31 days of the event. Documentation may include, but is not limited to, a marriage certificate, birth certificate, or divorce decree. In the case of the DCFSA election change, documentation may not be available, or the above documentation alone may not be sufficient. In such cases, this form should be completed by the employee for purposes of attesting that they have experienced a valid qualifying event that would allow for a change in election. The company reserves the right to request additional information to support a change request.

EMPLOYEE INFORMATION

Full Name: _____ Date: _____

Phone: _____ Employee Number: _____

Requested Election Change: Enroll Waive Increase Decrease

Previous Annual Election: _____ Requested Annual Election after this change: _____

Please provide a description of your change in dependent care expenses.

Affirmation and Understanding: I affirm under penalty of perjury that my statements above are true and complete to the best of my knowledge. I further understand that any misrepresentation of any of the statements, or my submission of a false claim under any Company benefit plan, may result in serious consequences to me and/or the individuals that I claim as eligible dependents, including loss of benefits, discipline up to and including termination of my Company employment, or other appropriate legal or employment action.

Employee Signature: _____