



2020 FLEXIBLE SPENDING ACCOUNT ELECTION AGREEMENT

EFFECTIVE DATE:
RECEIVED BY:
ENTRY DATE: ENTERED BY:

SUBMIT ELECTION AGREEMENT TO THE HUMAN RESOURCES EMPLOYEE BENEFITS DIVISION:

Email: HRBenefits@fresnocountyca.gov **Phone:** (559) 600 - 1810 **Fax:** (559) 455 - 4787

USPS Mail Address & Hand-Delivery Location: 2220 Tulare Street, 14th Floor, Fresno, CA 93721

EMPLOYEE INFORMATION: *All information required for processing.*

Last Name: _____ First Name: _____ Employee ID: _____

SSN: _____ DOB: _____ Phone Number: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

IMPORTANT INFORMATION: *Please read.*

Plan Year 2020: January 1, 2020 – December 31, 2020

Grace Period: January 1, 2021– March 15, 2021

Claim Submissions: Submit directly to Navia Benefit Solutions

Claim Submission Deadline: May 15, 2021

Be advised this election is valid for Plan Year 2020 only. To participate in a Flexible Spending Account (FSA) for future plan years, re-enrollment is required. This election will not automatically renew next year as your authorization is required.

SPENDING ACCOUNT ELECTIONS: *Please note: election change requests require a separate change form.*

2020 ANNUAL ELECTION AMOUNT

MAXIMUM ANNUAL ELECTION

Health Care Expenses: \$ _____

\$2,700 for Plan Year 2020

Dependent Daycare Expenses: \$ _____

\$5,000 for Plan Year 2020*

*If you are married and you and your spouse file a separate tax return, IRS regulations limit you each to a \$2,500 maximum annual election to the Dependent Daycare Expenses Spending Account.

SUPPLEMENTAL INFORMATION: *Required. Please complete.*

Are you enrolled in a High Deductible Health Plan (HDPPPO plan) AND intend to contribute to a Health Savings Account (HSA) in 2020? If YES, please note that the IRS allows you to use the Health Care FSA for dental and vision expenses only.

Yes No

BENEFICIARY DESIGNATION: *Required. Please complete.*

In the event of a participant's death, his/her beneficiaries may submit claims for expenses that the participant or his/her covered dependents incurred through the end of the month in which the participant passed away. Such claims may be submitted through the end of the plan year.

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ DOB: _____ Relationship to Employee: _____

DIRECT DEPOSIT OPTION INFORMATION: *Please note.*

You may wish to enroll in direct deposit in lieu of using a debit card for your expenses. When you pay out-of-pocket for eligible expenses, you may submit claims directly to Navia and have your reimbursement electronically deposited into your bank account – no more paper checks! If you are interested in enrolling in direct deposit, you may either request the form from Employee Benefits or enroll online at any time by visiting Navia’s website: www.naviabenefits.com.

ENROLLMENT AGREEMENT: *Required. By signing below, I agree to all of the following:*

1. My annual election, as stated in “Spending Account Elections” will be deducted from my biweekly pay on a pre-tax basis.
2. This Agreement cancels any prior election agreement I have made under the Plan and cannot be changed or terminated unless I experience a qualified change in status as allowed under the Plan.
3. My election and this agreement will cease upon termination of employment.
4. My election and this agreement are for the 2020 Plan year alone, and will not carry over to subsequent plan years.
5. Complete claims with correct supporting documentation must be submitted timely as described in the Plan in order to be considered for reimbursement.
6. I may continue participation while on an unpaid leave of absence, as allowed under the Plan.
7. My employer may change my election if necessary in order to satisfy certain provisions of the Internal Revenue Code.
8. Pretax deductions reduce my compensation for tax purposes which reduces my Social Security benefits.
9. Expenses for which I claim a tax deduction under my income tax return cannot also be reimbursed under this Plan.
10. Unused funds are forfeited at the end of the Plan Year as defined in the Plan.

DEBIT CARD AGREEMENT: *Optional. By checking the box and signing below, I agree to all of the following:*

1. The card is optional and I can choose at each point-of-sale if I want to use the card, or file a traditional claim.
2. I may be required to provide appropriate supporting documentation to substantiate certain card transactions. The third party administrator, Navia Benefit Solutions, will notify me if documentation is required.
3. It is my responsibility to request appropriate documentation from health care providers in order to substantiate card transactions.
4. If I do not supply the requested documentation in the timeframe requested, my card will be temporarily deactivated as required by Internal Revenue Service regulations, **and I may be required to repay any such unsubstantiated or ineligible purchases.**
5. Debit cards are issued with a 3-year expiration date and my future plan year elections will be loaded to my existing cards.
6. I will be issued one (1) card; I may request additional cards at no extra cost.
7. Debit cards will be cancelled upon separation from service, failing to make my regular contributions, or for misuse of the card.



By checking this box, I elect to have a debit card issued (new enrollments) or have my existing debit card reloaded with my new election amount (returning enrollments).

X SIGNATURE: _____ **DATE:** _____

By signing, I state that I have read and agree to the terms provided in this agreement. I hereby enroll and authorize the necessary biweekly deductions from my paycheck. I understand that I cannot dis-enroll or make any changes to my election unless I experience a qualifying event, and I understand that if such an event were to occur, I must submit the necessary paperwork within thirty (30) days of the qualifying event date to the Department of Human Resources - Employee Benefits Division.

EMPLOYEE BENEFITS PERSONNEL USE ONLY.

Entry Date: _____

Navia Entry Date: _____

Dedn. Date: _____

Hire Date: _____

Navia Entry by: _____

Q/E Date: _____