

HENNEPIN COUNTY

MINNESOTA

Flexible Spending Account Mid-year Change of Status or Election Form

DIRECTIONS: Please fill out the form. Sign the form and click the "Submit" button, which will auto-generate an email with the PDF attached. Click "Send" to submit the form to HR.Benefits@hennepin.us.

In order to make a mid-year change the following conditions must be met:

- There must be a qualifying change in status event.
- The requested change in election must be consistent with the event (i.e., birth = increase).
- Request must be received within 30 days of the qualifying event.

Employee Name:

Employee ID#:

Email Address:

Phone Number:

Change of Status Event

Check one of the following qualifying change in status events that you have experienced. You may be required to submit appropriate documentation to verify the event.

Marriage

Divorce or legal separation

Birth or adoption

Daycare provider change

Death of spouse

Death of child

Eligibility for Medicare or Medicaid

Judgement, decree, or court order

Ineligibility of dependent (due to age, custody, or residence)

Change in employment status that effects eligibility of: self spouse dependent

Other:

Date of Qualifying Event:

Request Annual Election Amount Change

Fill in both current and new annual elections:

Health Care Expense Account (Max: \$2,700 contribution for 2020)

Current annual election: \$

New annual election: \$

Dependent Care Assistance Program (Max: \$5,000 contribution for 2020)

Current annual election: \$

New annual election: \$

Adoption Assistance Program (Max: \$12,000 contribution for 2020)

Current annual election: \$

New annual election: \$

I read and understand the online [Flexible Spending Account webpage](#) and certify that the qualifying event above has occurred. I understand that this change applies to the current plan year only, and I must enroll annually during open enrollment if I want to continue to participate in the future. My contribution change will begin the pay period containing either the date of the election change or the date this form is received by the HR Benefits Division, whichever is later.

Employee Signature:

Date:

[*Learn how to sign forms electronically](#), or print a hardcopy, sign, and scan this form.

Hennepin County Human Resources

Benefits Division

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