



HCSA/DCA CHANGE FORM

Return the completed and signed form to TASC:

By Fax: (608) 245-3623 – or –

By Mail: TASC, PO Box 7308, Madison, WI 53707-7308

Date:			
Employee First Name:		Employee Last Name:	
Employee ID: ¹			
Employee Email:		Daytime Phone:	
Employee 12-digit TASC ID: ²			
Employee Home Address 1			
Employee Home Address 2:			
Employee City:	Employee State:	Employee Zip:	
Current Agency Type: ³			
Current Agency Division Code: ³			
Agency GIC Coordinator Name:			
Agency 12-digit TASC ID:			

¹Can be found on employee's paycheck

²Can be found on the back of the TASC Card

³See GIC Agency Listing at massfsatasc.com

Status changes in this section can be submitted by Employee – or - GIC Coordinator

ELECTION CHANGE – Currently enrolled employees who have had a qualifying event and wish to adjust their account may do so by completing this information and submitting this form within 60 days of the event date of the status change listed below. Changing the FSA does not allow a refund of your already contributed funds, which can include deductions taken while your request is processed and approved. NOTE: approved changes to elections will be effective the first of the month after the request is approved.

Supporting documentation **MUST** be provided to substantiate your change in status. Submit the supporting documentation along with this form. Acceptable documentation is listed below next to each change of status event type.

If you have a qualifying event and wish to enroll in an FSA for the first time, please **indicate your qualifying event and new election amount below and then complete the enrollment form. Both forms must be submitted together.** Please note: For Dependent Care Assistance Program (DCAP), there is a limit of \$192.30 per bi-weekly pay period. Please calculate your elections accordingly.

- 1. Qualifying Event Resulting in Drop of Coverage or Change in Coverage
 - Reduce my election amount based on my qualifying event below.
 - Increase my election based on my qualifying event below.
 - Make a new election based on my qualifying event below. **NOTE:** Must also complete and submit the enrollment form if making a new election due to a qualifying event.

Date of Event: _____

New Election Amount: **NOTE:** Decreases in annual election may be no less than the greater of the amount that has been contributed or disbursed through payroll deduction as of the date this request is approved.

HCSA: _____ DCAP: _____



CHANGE IN STATUS TYPE: <i>(select one)</i>	APPROVED SUPPORTING DOCUMENTATION:
<input type="checkbox"/> Became eligible for Medicare or Medicaid	Medicare or Medicaid eligibility letter
<input type="checkbox"/> Loss of Medicare or Medicaid coverage eligibility	Medicare or Medicaid Loss of Coverage Letter
<input type="checkbox"/> Marriage	Marriage Certificate
<input type="checkbox"/> Divorce / Annulment	Divorce or Annulment Decree
<input type="checkbox"/> Judgment, decree or court order	The judgment, decree, or court order
<input type="checkbox"/> Birth, adoption, or placement of a child	-Birth Certificate -Certification of Adoption -Foster care certification
<input type="checkbox"/> Death of a spouse of dependent	Death Certificate
<input type="checkbox"/> Change in spouse's employment status	Documentation showing spouse's termination or commencement of employment, change of status from employee to independent contractor, change in hours, strike or lockout, a commencement or return from an unpaid leave of absence, or a change in work site
<input type="checkbox"/> Change in employee's benefits status	Documentation showing reduction in hours resulting in no longer qualifying for benefits or increase in hours which result in qualifying for benefits
<input type="checkbox"/> Dependent no longer a qualified tax dependent	Documentation showing dependent is no longer under age 19 or under age 26 and a full-time student, or is no longer living in your home half of the tax year and you are no longer providing more than half of their support in a tax year. There is no age limit for permanently disabled dependents.
<input type="checkbox"/> Beginning LOA	Completion of Section 2. of the HCSA/DCA Change Form
<input type="checkbox"/> Ending LOA	Completion of Section 2. of the HCSA/DCA Change Form
<input type="checkbox"/> (DCAP Only) Child turned age 13	Child's birth certificate
<input type="checkbox"/> (DCAP Only) Change in cost of care	Copies of invoices showing change in cost of care, or signed letter from daycare provider
<input type="checkbox"/> (DCAP Only) Change of daycare provider	Copies of invoices showing change in daycare provider, or signed letter from daycare provider
<input type="checkbox"/> Termination / Leaving State Service*	Completion of Section 5. Of the HCSA/DCA Change Form (either on this form or a separate change form)

***Select this option if you are reporting the end of state employment – in advance (Employees Only)**

GIC Coordinator Approval of Change in Status / Documentation is REQUIRED. GIC Coordinators, please sign here:

Signature: _____

2. Leave of Absence (LOA) **NOTE:** You must report the start – and end – for LOA. If you do not know the end date when you are notifying the beginning of a LOA, complete and submit this form again at the end of your LOA indicating the ending date.

Notification of Beginning LOA Date:

Notification of Ending LOA Date:

LOA Start Date: _____

LOA End Date: _____



If selecting Prepay or Direct Bill – completion/submission of this form MUST be prior to beginning LOA

Is employee enrolled in a HCSA account?

- Yes No

If you answered yes, enter last payroll date with deduction for HCSA

Type of LOA FOR HCSA account:

- Paid (deductions will continue to be taken from the employee’s pay each pay period and the HCSA coverage will continue uninterrupted. Expenses can be incurred before, during, and after the LOA. (If an employee changes to an unpaid status, GIC Coordinators are responsible for notifying TASC of any changes during the LOA on behalf of the employee)
Unpaid (Prepay, Direct Pay, Pay upon Return or No Coverage with Adjusted Election)

Indicate type for unpaid LOA from listing above (Prepay and Direct Pay Options are only available if requested in advance of the start of LOA):

Direct Pay: Employees have the option to be directly billed for premiums and administration fees while on LOA. Direct Pay deductions will be post-tax, as they are not occurring through payroll. TASC will invoice the employee once a month, at the beginning of the month, with the amount due. The employee must pay the premium no later than the first pay date of the month on which the employee would have received a paycheck had they been active. Payments must be made in a timely manner for the HCSA debit card and account to remain active. There is no grace period for a missed direct payment. If payment is not paid by the due date, then coverage is discontinued until the employee’s return to active status. GIC Coordinators: Only choose this option if the employee has requested this.

Is employee enrolled in a DCAP account?

- Yes No

If you answered yes, enter last payroll date with deduction for DCAP

Type of LOA FOR DCAP account:

- Paid (deductions will continue to be taken from the employee’s pay each pay period and the HCSA coverage will continue uninterrupted. Expenses can be incurred before, during, and after the LOA. (If an employee changes to an unpaid status, GIC Coordinators are responsible for notifying TASC of any changes during the LOA on behalf of the employee)
Unpaid (Prepay, Direct Pay, Pay upon Return or No Coverage with Adjusted Election)

Indicate type for unpaid LOA from listing above (Prepay and Direct Pay Options are only available if requested in advance of the start of LOA):



Direct Pay: Employees have the option to be directly billed for premiums and administration fees while on LOA. Direct Pay deductions will be post-tax, as they are not occurring through payroll. TASC will invoice the employee once a month, at the beginning of the month, with the amount due. The employee must pay the premium no later than the first pay date of the month on which the employee would have received a paycheck had they been active. Payments must be made in a timely manner for the HCSA debit card and account to remain active.

There is no grace period for a missed direct payment. If payment is not paid by the due date, then coverage is discontinued until the employee’s return to active status. GIC Coordinators: Only choose this option if the employee has requested this.

Acknowledgement by GIC Coordinator for LOA if completing form on behalf of the employee:

By completing this form on behalf of the employee, I confirm the following:

I am the named agency’s GIC Coordinator and in this role I have regular knowledge of LOA start dates and end dates. I confirm that the employee named on this form or an eligible dependent of the employee named on this form, has had a qualifying change in status, as defined by the Internal Revenue Service, which allows the employee to change their previous Health Care Spending Account (HCSA) and/or Dependent Care Assistance Program (DCAP) election. I understand that this change in election must be consistent with and correspond to the event. I understand that by requesting to change the employee’s elections, that they are not entitled to a refund of their already contributed deductions, which may include those deductions taken when the request is being processed and approved.

This form cancels and prior elections the employee has made under this plan and cannot be changed except as stated in the GIC Participant Handbook for the current plan year.

By checking the box, I acknowledge that:

1. I have reviewed the terms and above and accept the terms
2. I acknowledge that I have read the GIC Participant Handbook and must abide by and follow all plan rules
3. I confirm the employee listed on this form has agreed to all information submitted on their behalf and was provided the following information, either just prior to or subsequent to starting or ending the reported LOA:
 - Information on each LOA option as per the GIC Participant Handbook
 - Information directing the employee to TASC if they have additional questions about their FSA(s)

**Requests in this section can be submitted by Employee – or - GIC Coordinator
and must be approved by GIC. Supporting information must be included below or documentation attached to
support the request**

3. Reclassification:

Previous GIC Agency Type: ³	
Previous GIC Division Code: ³	
Date of Change:	
Reason for Reclassification: <i>(attach documentation if space provided is insufficient)</i>	

³See GIC Agency Listing at massfsatasc.com



4. Payroll Refund Required: *(request must be made within 60 calendar days of Payroll Error)*

Payroll Date of Error:					
Deduction Code(s): <i>(select all that apply)</i>		<input type="checkbox"/> HCSA	<input type="checkbox"/> DCAP	<input type="checkbox"/> HCSAF	
HCSA Error Amount:		DCAP Error Amount:		HCSAF Error Amount:	
Plan year payroll error occurred:					
Reason for Refund Request: <i>(attach documentation if space provided is insufficient)</i>					

This section to be completed by GIC Coordinators ONLY if employee has ended state employment, but did not complete a status change form

5. Termination of Employment:

Date State Employment Ended:	
Enter last payroll date with deduction for HCSA or enter N/A if employee was not enrolled:	
Enter last payroll date with deduction for DCAP or enter N/A if employee was not enrolled:	

Acknowledgement by GIC Coordinator for Termination of Employment

By completing this form and checking this box and the box below, I confirm the following:

I am the named agency's GIC Coordinator and in this role I have regular knowledge of employment start dates and end dates. I confirm that the employee named on this form is no longer employed by this agency, as of the date indicated. I confirm that the employee listed on the form was enrolled in at least one FSA plan and that the employee was provided the following information, either just prior to or subsequent to ending employment with the agency:

- Information about using remaining money in the FSA(s) that they were enrolled in
- Information directing the employee to submit an online status change form
- Information directing the employee to TASC if they have additional questions about their unused FSA(s) funds

I acknowledge that by checking this box that all information provided on this form and all documentation attached is true and accurate to the best of my knowledge.

Print Name of Person Completing Form: _____

Signature of Person Completing Form: _____

Date: _____