

# HENNEPIN COUNTY

## MINNESOTA

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

**DIRECTIONS:** Complete and sign this form, then click the "Submit" button to auto-generate an email with the PDF attached. Click "Send" to submit the form to [hr.servicecenter@hennepin.us](mailto:hr.servicecenter@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.

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**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: \$2,750 contribution for 2022)

Current annual election: \$

New annual election: \$

**Dependent Care Assistance Program** (Max: \$5,000 contribution for 2022)

Current annual election: \$

New annual election: \$

**Adoption Assistance Program** (Max: \$14,400 contribution for 2022)

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.