

Temporary National Emergency
COVID 19

Annual Election Change
HCR & DCR with Limited HCR

Health Care Reimbursement (HCR) Account & Dependent Care Reimbursement (DCR) Account



Advanced Benefit Strategies
Your Flexible Benefit Specialists

I. Employer Name

Your Name (last, first, middle)		Employee ID number:		
Mailing Address	City	State	Zip	Day Time Phone Number
email address:				

II. Enrollment Election Change (check which plans you want and complete information)

DEPENDENT CARE ELECTION CHANGE (DCR)

Employee - I elect to change my current 2020 election in my Dependent Care Reimbursement (DCR) Account election to:
\$ _____ OR

Employee - I want to suspend my DCR contribution to for the current 2020 Plan Year but remain active to be able to submit receipts through Dec. 31, 2020.

Employer Use REQUIRED:

What is the LAST deduction for those who do not want to contribute? _____ enter date

What is the first deduction date of the new per pay period contribution? _____ enter date

What is the new per pay period amount? \$ _____

HEALTH CARE REIMBURSEMENT CHANGE (HCR)

Employee - I elect to change my current 2020 election in my Health Care Reimbursement (HCR) Account to:
\$ _____

Employee - I elect change my current 2020 election in my **LIMITED** Health Care Reimbursement (LMT) due to participation in a HSA to: \$ _____.

Employee - I want to stop my current 2020 Plan Year contribution but remain active so I may submit receipts for expenses incurred through Dec. 31, 2020.

The change I make in my HCR or Limited HCR may not be less than what I have already

Employer Use REQUIRED:

What is the LAST deduction for those who do not want to contribute? _____ enter date

What is the first deduction date of the new per pay period contribution? _____ enter date.

What is the new per pay period amount? \$ _____

III. Certification

I certify that I am electing to change my current Plan Year 2020 annual election as indicated above and as allowed by my Plan Administrator due to the temporary National emergency COVID 19. After December 31, 2020 I will no longer be able to make mid year election changes without a qualifying event. I certify that all the information on this form is correct. I understand that: Any amount remaining in my HCR and or DCR and or LMT HCR accounts at plan year end will be forfeited in accordance with current plan provisions and the IRS tax laws.

Employee's Signature: _____ Date: _____

Return completed Form to your Benefit Department