

# Fairfax County Government Benefits Special Election/Change Form

## Special Request Due to COVID-19 Pandemic: May 26 through June 30, 2020

Due to the COVID-19 Pandemic employees may choose to make changes to certain benefit elections.

Completed Election/Change request forms must be submitted to the **Benefits Division**.

Elections received by May 31<sup>st</sup> will be effective on June 1 and elections received after May 31<sup>st</sup> will be effective on July 1, 2020.

**Completed forms received after applicable deadlines will not be accepted.**

EMPLOYEE NAME

PERSONNEL NUMBER

CONTACT PHONE NUMBER

E-MAIL

REASON FOR CHANGE REQUEST

### Dependent Care Flexible Spending Account Program (Childcare)

- Enroll in, or Increase, Contribution to Dependent Spending Account.

Contribute \$ \_\_\_\_\_ for calendar year 2020.

*Eligible to file for reimbursement for service dates from the effective date of coverage through December 31, 2020. Claims may be submitted through March 31, 2021.*

- Reduce Contribution Amount - Contribute \$ \_\_\_\_\_ for calendar year 2020.

*Amount elected cannot be less than what you have already contributed to date in Plan Year 2020.*

- Waive or cancel future participation in the Dependent Care Spending Account.

*Effective first of the month after receipt of form. Eligible to file for reimbursement for service dates from January 1, 2020 through the end date of plan participation. Claims may be submitted through March 31, 2021.*

- Waive or cancel participation in the Dependent Care Spending Account for all of Plan Year 2020.

*This option is only available if no claims have been filed and no funds have been distributed from the account. Any use of funds from Plan Year 2020 will negate your ability to cancel participation. Note contributions will be refunded via payroll and will be subject to applicable taxes.*

### Healthcare Flexible Spending Account Program (Participants and Qualified Dependents)

- Enroll in, or Increase, Contribution to Healthcare Flexible Spending Account.

Contribute \$ \_\_\_\_\_ for calendar year 2020.

*Eligible to file for reimbursement for service dates from the effective date of coverage through grace period of March 15, 2021. Claims may be submitted through March 31, 2021.*

- Reduce Contribution Amount - Contribute \$ \_\_\_\_\_ for calendar year 2020.

*Amount elected cannot be less than what you have already contributed to date in Plan Year 2020.*

- Waive or cancel future participation in the Healthcare Spending Account.

*Effective first of the month after receipt of form. Eligible to file for reimbursement for service dates from January 1, 2020 through the end date of plan participation. Claims may be submitted through March 31, 2021.*

- Waive or cancel participation in the Healthcare Spending Account for all of Plan Year 2020.

*This option is only available if no claims have been filed and no funds have been distributed from the account. Any use of funds from Plan Year 2020 will negate your ability to cancel participation. Note contributions will be refunded via payroll and will be subject to applicable taxes.*

**Acceptance:** I hereby change or cancel coverage and understand that coverage will be provided according to the terms and conditions of the contract between the insurance carrier(s) and my employer. I understand that I must submit my election during the special election period and that these changes in coverage are not in effect until my election has been accepted by the Benefits Division in the Department of Human Resources. I also understand that this election is made under the IRS Pre-Tax Rules and Regulations. I further understand that I cannot cancel or change this election before the Annual Open Enrollment period unless I experience a Change-in-Status/Qualified Event or am entitled to another Special Enrollment Right under HIPAA. The effective date for the change and the documentation that must be submitted are described on the FairfaxNet Benefits Page.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more information on this special enrollment period, making changes, or benefits offered contact the Benefits Division through HR Central at 703-324-3311 or [hrcentral@fairfaxcounty.gov](mailto:hrcentral@fairfaxcounty.gov)

Return completed form to: Department of Human Resources – Benefits Division  
12000 Government Center Parkway, Suite 270  
Fairfax, Virginia 22035

Or fax to: (703) 802-8795