PEBB 2027 Open Enrollment Form for Flexible Spending Arrangements (FSA) & Dependent Care Assistance Program (DCAP)

Only use this form during the PEBB Program's annual open enrollment, October 26 through November 23, 2026. (University of Washington and Washington State University employees must enroll online in Workday.) Forms received after November 23 will not be accepted.

Section I – Employee Information

Name (Last, First, MI):		SSN:	
Street Address:	City:	State:	ZIP/Postal Code:
Daytime Phone:	Home Phone:	Agency or Higher Education Institution Name:	
Date of Birth:	Personal Email Address (not work):	Enrollment Status: ❑ Open Enrollment ❑ Seasonal Employee	

Section II – Elections

Check YES for the benefits you want to enroll in and enter the total election amount for the year. You can enroll in the DCAP and either the FSA or Limited Purpose FSA. **You cannot enroll in an FSA and a Limited Purpose FSA in the same year.**

Benefit	Enroll:	2027 Annual Election Amount
FSA Minimum of $120, maximum of $3500 per year.	❑ Yes ❑ No	☐ I am choosing the **maximum annual contribution** limit for the FSA for 2027 (currently $3,500) ☐ I am choosing **a set** annual contribution amount: $_____
Limited Purpose FSA (for dental and vision expenses only) Minimum of $120, maximum of $3,500 per year.	❑ Yes ❑ No	☐ I am choosing the **maximum annual contribution** limit for the FSA for 2027 (currently $3,500) ☐ I am choosing **a set** annual contribution amount: $_____
Dependent Care Assistance Program Minimum of $120, maximum of $7,500 per year, $3,750 if married and filing separately.	❑ Yes ❑ No	☐ I am choosing the **maximum annual contribution** limit for the DCAP for 2027 (currently $7,500) ☐ I am choosing **a set** annual contribution amount: $_____
Debit Card The card is free. You must elect the card each year you wish to use it. If you already have a debit card, it will be reloaded with your new election.	❑ Yes ❑ No	**You must provide a valid email address in Section I to receive the debit card.**
	❑ Send a card for my spouse or dependent.	❑ Spouse ❑ Dependent _____ Last Name, First Name
Direct Deposit Reimbursements are electronically deposited into your bank account. If you leave this section blank, we will mail your reimbursements to you.	❑ Yes ❑ No	Name of Bank: ❑ Checking ❑ Savings Routing # _____ Account # _____

This enrollment form will remain in effect and cannot be revoked or changed during the plan year unless the revocation and new elections are consistent with federal regulations and PEBB Program rules. I understand that I will receive reimbursements only for qualifying health or day care expenses. By signing below, I acknowledge that I understand the benefits, read both sides of the enrollment form, and agree to the terms of use. I authorize and direct my employer to reduce my salary by the amount necessary to pay for the benefits and for the plan year indicated above.

Employee Signature: _____ Date: _____

To submit this form: Scan and email it to election@naviabenefits.com, fax it to 425-233-6366, or mail it to Navia Benefit Solutions, PO Box 5179 Fresno, CA 93755. You may also submit it to your employer's benefits/payroll office. We must receive your form **by**

Please see the next page for important information about the above benefits.

November 23, 2026. (UW and WSU employees must enroll online in Workday.) Forms received on or after November 23 will not be accepted for 2027 enrollment.

Terms of Use

- **Flexible Spending Arrangement (FSA):**
  - Reimbursement will be approved only for qualifying health care expenses as allowed by the Internal Revenue Service (IRS). It is your responsibility to check the eligibility of an expense.
  - Participants cannot use an FSA and HSA in the same plan year.
- **Limited Purpose FSA:**
  - Reimbursement will be approved only for qualifying dental and vision expenses as allowed by the Internal Revenue Service (IRS). It is your responsibility to check the eligibility of an expense.
- **Dependent Care Assistance Program (DCAP):**
  - Reimbursement will be available only for qualifying day care expenses as allowed by the IRS.
  - If the plan year is less than 12 months, the plan limit may be prorated to less than the calendar year limit.

Carryover and the claim submission deadline

- All FSA, Limited Purpose FSA, and DCAP services must be incurred on or before December 31, 2027.
- All claims (FSA, Limited Purpose FSA, and DCAP) must be submitted to Navia Benefit Solutions by March 31, 2028.
- After March 31, 2028, unused DCAP balances will be forfeited. Unused FSA and Limited Purpose FSA balances from $120 up to $700 will be carried over to the next year. To receive carryover, you must enroll in an FSA for 2028 or have at least $120 left in your account on December 31, 2027. Any funds above $700, or below $120 if you do not re-enroll, will be forfeited to HCA per IRS rules.

Lost Checks and Reissues

- Lost or expired FSA, Limited Purpose FSA, and DCAP checks can be reissued 10 business days after the original check date. A check reissue requires at least one business day to process.
- Any fees associated with attempting to cash or deposit a canceled check will be deducted from your Navia account as well as the amount of the check.

Direct Deposit

- Deposits by electronic funds transfer may take a few business days to appear in the designated account.
- Navia Benefit Solutions will deduct a $10 fee from your balance for returned items due to incorrect banking information.

Deductions

- By using this form to enroll during the PEBB Program's annual open enrollment, deductions will start with your first paycheck of the new plan year.
- Deductions will be taken from your paycheck evenly throughout the plan year.

Change in Status

- The amount you set as your annual election (total contribution amount for the plan year) cannot be changed for the entire year unless a qualifying event creates a special open enrollment. You must provide documentation of the qualifying event. See the FSA, Limited Purpose FSA, or DCAP enrollment guide for a list of qualifying events.
- If you have a change in status and want to change your elections, the change must be consistent with the qualifying event. The change also must be allowable under IRS regulations. See the appropriate enrollment guide for details.

Transfers between State Agencies and Higher-Education Institutions

- If you enroll in the FSA, Limited Purpose FSA, or DCAP and later change jobs and move to another Washington state agency, higher-education institution, or community or technical college, your enrollment will continue as long as:
  - Your new position is benefits-eligible for participation in the PEBB Program FSA, Limited Purpose FSA, or DCAP; and
  - You notify your new payroll or benefits office and Navia Benefit Solutions of your transfer (for transferred employees) no later than 31 days after your first day of work at your new employer; and
  - There is no more than a 30-day lapse in employment or reemployment within the same plan year. If you have more than a 30-day break in PEBB benefits coverage, you cannot enroll or reenroll in an FSA, Limited Purpose FSA, or DCAP during the same plan year.

Ineligible Debit Card Expenses

- If you use the card for an ineligible expense, the card will be suspended to prevent further use. You may still submit claims by fax or mail.
- To correct the reimbursement of an ineligible debit card charge, you must either repay the amount of the ineligible expense to Navia Benefit Solutions or request the substitution or offset of future claims to repay the balance.
- Navia Benefit Solutions will reactivate the card once you reimburse the account for the ineligible expense.

Lost or Stolen Debit Card/Additional Debit Card Request

- You may request a debit card when you enroll. You may also request a second card for your spouse or eligible dependent at no cost.
- If your card is lost or stolen, you can request a replacement card at no additional cost.

Electronic Disclosure Notice

- By providing your email address, you consent to receive email communications from Navia Benefit Solutions, agents, and subcontractors about your account via email.
- If you no longer wish to receive information electronically, you may withdraw consent at any time at no cost. To withdraw consent, please contact Navia Benefit Solutions at 800-669-3539.
- You have the right to receive a paper version of an electronic document at no cost.