

**WA STATE SEBB CHANGE IN STATUS FORM  
NAVIA BENEFIT SOLUTIONS**



You may enroll, change your election, or revoke your elections for a Flexible Spending Arrangement (FSA), Limited Purpose FSA, or Dependent Care Assistance Program (DCAP) when a special open enrollment (SOE) event occurs. The change you make must be consistent with the event. For example, if your dependent loses eligibility for School Employees Benefits Board (SEBB) benefits mid-year, that event only allows you to lower your DCAP election amount.

Your employer must receive this form **no later than 60 days** after the SOE event that allows a change to your FSA or DCAP. **You also must give your employer evidence of the qualifying event that created the SOE.**

If you have moved to another school district, educational service district, or charter school in a position eligible for SEBB benefits, and you had 30 days or less between employments, do not use this form. Instead, use the *SEBB School Employment Transfer Form*, available at [sebb.naviabenefits.com](http://sebb.naviabenefits.com), to continue your elections. You must tell your new employer about your account **no later than 31 days** after your first day of work with the new employer and before December 31. You cannot change your election due to a transfer.

**Section I – Employee Information**

Name (Last, First, MI):		SSN:		Date of birth:	
Street address:		City:		State:	ZIP Code:
Daytime phone:	Home phone:	Name of school district, ESD, or charter school:			
Date of event creating the SOE (if applicable):		<b>Employer Use Only</b>			
		Benefit effective date:		Effective payroll date:	

**Section II – Event That Creates a Special Open Enrollment (SOE) or Allows an Election Change**

Check the box below that applies to you. In most cases, you must submit documentation of the event with this form.

<p><b>SOE events that allow employees to change their election amount or enroll in FSA, Limited Purpose FSA, or DCAP are listed in Washington Administrative Code 182-30-100:</b> (Check the box below that applies to you.)</p> <p><input type="checkbox"/> A qualified tax dependent becomes eligible under SEBB rules and enrolls in benefits. Includes: marriage or registering a domestic partnership, birth, adoption, assuming a legal obligation for support ahead of adoption, a child becoming eligible as an extended dependent, or a change in the number of family members qualifying for DCAP.</p> <p><input type="checkbox"/> Employee or eligible dependent has a change in employment status that affects the employee's or a dependent's eligibility for FSA or DCAP. If on Family Medical Leave Act (FMLA), provide dates of FMLA period below.</p> <p>Start date _____ End date _____</p>
<p><b>Additional SOE events that allow employees to change their election amount or enroll in an FSA:</b></p> <p><input type="checkbox"/> A qualified tax dependent no longer meets SEBB eligibility. Examples: change in marital status, domestic partnership dissolved, or dependent dies (applicable only to employees looking to change their election amount).</p> <p><input type="checkbox"/> A court order requires the subscriber or another individual to provide insurance coverage for an eligible dependent.</p> <p><input type="checkbox"/> Employee or an eligible dependent loses coverage under a group health plan or through health insurance coverage, as defined by the Health Insurance Portability and Accountability Act (HIPAA).</p> <p><input type="checkbox"/> Employee or an eligible dependent becomes entitled (eligible and enrolled) to Medicare, Medicaid, or a Children's Health Insurance Program (CHIP), or loses eligibility for SEBB benefits or a medical assistance program, including Medicaid or CHIP.</p>
<p><b>Additional SOE events that allow employees to change their election amount or enroll in DCAP:</b></p> <p><input type="checkbox"/> A change in dependent care provider or provider changes the cost of care.</p> <p><input type="checkbox"/> A change in enrollment under another employer-based group health plan during their annual open enrollment that does not align with the SEBB Program annual open enrollment.</p> <p><input type="checkbox"/> A change in the number of qualifying individuals as defined in Internal Revenue Code 26 U.S.C. § 21 (b)(1)</p>

**Change due to termination or leave of absence (ineligible for benefits):**

Check the box below to select how your employer will handle your contributions. Please check with your employer to find out which section is allowed by your payroll or benefits office.

**FSA or Limited Purpose FSA:**

- Accelerate contributions from last paycheck to continue participation with your employer for total annual contributions on a pre-tax basis, **if allowed** by your payroll or benefits office.
- Continue FSA or Limited Purpose FSA participation (by submitting COBRA election form to Navia Benefit Solutions) and pay monthly contributions through the employer to participate until plan year-end on an after-tax basis. This is available to participants who have claimed less than they have contributed.
- Arrange a schedule with payroll or benefits office to “catch up” payments when returning to work. (Applies only to leave under FMLA and requires **prior** employer approval. You will not be able to claim expenses incurred during the leave or make arrangements with your employer about your contributions before going on leave.)
- Terminate contributions and participation. (For FMLA leave: when you return to work, you may resume the same deductions through your employer – automatically decreases annual election – or increase deductions to maintain your annual election.) Any expenses incurred during FMLA leave are not eligible for reimbursement.

**DCAP:**

- Stop contributions and allow reimbursement for eligible expenses. (Only expenses incurred while working or looking for work will be reimbursed.)

Debit card holders: Your card will become inactive if your FSA or DCAP participation as an employee ends, or you retire. After that, submit claims online, or by mobile app, fax, email, or mail before the end of the claims filing period.

**Section III – Change of Election for FSA**

Write your new contribution amount for each paycheck and fill in the rest of the fields to calculate your new annual election.

$$\frac{\text{New per paycheck}}{\text{New per paycheck}} \times \frac{\text{\# of paychecks remaining}}{\text{\# of paychecks remaining}} + \frac{\text{Year to date contributed}}{\text{Year to date contributed}} = \frac{\text{New annual election}}{\text{New annual election}}$$

**Decrease annual election to \$** \_\_\_\_\_ *I verify this amount is not lower than either the amount I have contributed or the amount I have spent to date, whichever is higher. The minimum annual election is \$120.*

**Increase annual election to \$** \_\_\_\_\_ *Subject to the plan year maximum: \$3,200*

**Section IV – Change of Election for DCAP**

Write your new contribution amount for each paycheck and fill in the rest of the fields to calculate your new annual election.

$$\frac{\text{New per paycheck}}{\text{New per paycheck}} \times \frac{\text{\# of paychecks remaining}}{\text{\# of paychecks remaining}} + \frac{\text{Year to date contributed}}{\text{Year to date contributed}} = \frac{\text{New annual election}}{\text{New annual election}}$$

**Decrease DCAP annual election to \$** \_\_\_\_\_ *I verify this amount is not lower than either the amount I have contributed or the amount I have spent to date, whichever is higher. The minimum annual election is \$120.*

**Increase DCAP annual election to \$** \_\_\_\_\_ *Subject to the plan year maximum: \$5,000*

**Section V – Signatures**

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN THIS FORM TO YOUR EMPLOYER WITH SUPPORTING DOCUMENTATION (if required)**

If the employee revokes existing elections due to termination and experiences more than 30 days break in SEBB benefits in the same plan year, they cannot enroll or reenroll in an FSA, Limited Purpose FSA, or DCAP.

**For payroll or benefits office staff:** Check Sections III and IV for accuracy, verify any required supporting documentation, and sign Section V. Submit the form to Navia by uploading it to the Navia Employer Portal at [sebb.naviabenefits.com](http://sebb.naviabenefits.com).

**Customer Service Line:** (425) 452-3488 or visit us at [sebb.naviabenefits.com](http://sebb.naviabenefits.com)