SEBB Midyear Enrollment Form for Flexible Spending Arrangement (FSA) & Dependent Care Assistance Program (DCAP)

navia benefit solutions

Employer: After reviewing the form, upload to the Navia Employer Portal, by visiting sebb.naviabenefits.com. For help, call 425-452-3488 or email SEBBadmin@naviabenefits.com.

Complete this form to enroll in an FSA, Limited Purpose FSA, or DCAP during a plan year. You must return this form to your payroll or benefits office **no later than 31 days** after the date you become eligible for these SEBB benefits. **Important:** You cannot enroll in both an FSA and UMP High Deductible with a health savings account (HSA) in the same plan year. Find the most up-to-date information at **sebb.naviabenefits.com**.

Section I – Employee Information

Name (Last, First, MI):		SSN:	
Street Address:	City:	State:	ZIP/Postal code:
Daytime Phone:	Home Phone:	School District, ESD, or Charter School Name:	
Date of Birth:	Email Address:	Enrollment Status: ❑ New Hire; Benefit Effective Date: _____	

Section II – Elections

Check YES for the benefits you want to enroll in and enter the election amount for the year. You can enroll in both the DCAP and either the FSA **or** Limited Purpose FSA. Enroll for your estimated expenses for the **remainder** of the plan year. The amount you elect will be equally deducted from your remaining paychecks.

You cannot enroll in the FSA and the Limited Purpose FSA in the same year.

Benefit	Enroll	2027 Election Amount
FSA Minimum of $120, maximum of $3,500 per year.	❑ Yes ❑ No	Total **annual** election amount for FSA $_____/**year**
Limited Purpose FSA (for dental and vision expenses only) Minimum of $120, maximum of $3,500per year	❑ Yes ❑ No	Total **annual** election amount for Limited Purpose FSA $_____/**year**
Dependent Care Assistance Program Minimum of $120, maximum of $7,500 per year or $3,750 if married and filing separately.	❑ Yes ❑ No	Total **annual** election amount for DCAP $_____/**year**
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 ❑ Send a card for my spouse or dependent.	**You must provide a valid email address in Section I to receive the debit card.** ❑ 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 form will remain in effect and cannot be revoked or changed during the year unless the revocation and new elections are consistent with federal regulations and SEBB Program rules. I understand that I will receive reimbursements only for qualifying expenses. By signing below, I acknowledge that I understand the benefits, I have read both sides of this 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.

Please sign the next page and see important information about the above benefits.

Section III – Signature

Submit your form to your payroll or benefits office **no later than 31 days** after you first become eligible for these SEBB benefits.

Employee Signature:
_____Date:_____

Employer Signature:
_____Date:_____

Terms of Use

- **Flexible Spending Arrangement (FSA):**
  - Reimbursement will be approved only for qualifying medical care expenses as allowed by the Internal Revenue Service (IRS). It is your responsibility to check the eligibility of an expense.
- **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 expenses must occur by December 31, 2027.
- All claims 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 rolled 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.

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 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

- FSA, Limited Purpose FSA, or DCAP deductions will be taken from your paycheck evenly throughout the plan year.
- Deductions will start no earlier than the first paycheck of the month after your payroll or benefits office receives this form.

Change in Status

- The amount you set as your annual election (total contribution amount for the plan year) cannot be changed for the entire plan year unless a qualifying event creates a special open enrollment. 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 school district, educational service district, or charter school, 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 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 SEBB 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 online, or by mobile app, email, fax, or mail.
- To correct the reimbursement of an ineligible debit card charge, you must either repay the balance for 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 throughout the plan year, 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.
- 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 1-800-669-3539.
- You have the right to receive a paper version of an electronic document at no cost.
- To access electronic documents, you must have Adobe Reader installed on your computer. Navia Benefit Solutions will include a link to download this free software with electronic documents sent to you.