

SEBB 2024 Open Enrollment Form for Flexible Spending Arrangements (FSA) & Dependent Care Assistance Program (DCAP)



Only use this form during the SEBB Program's annual open enrollment, October 30 through November 20, 2023. Forms received after November 20 will not be accepted. **Important:** You cannot enroll in both a Medical FSA and UMP High Deductible in the same year.

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:		

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 Medical FSA or Limited Purpose FSA. **You cannot enroll in a Medical FSA and a Limited Purpose FSA in the same year.**

Benefit	Select:	2024 Election Amount	
Medical FSA Minimum of \$120, maximum of \$3,050 per year.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total annual election amount \$ _____	Number of paychecks per year <input type="checkbox"/> 12 <input type="checkbox"/> 24
Limited Purpose FSA For members enrolled in UMP High Deductible. Pays for dental and vision expenses only. Minimum of \$120, maximum of \$3,050 per year.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total annual election amount \$ _____	Number of paychecks per year <input type="checkbox"/> 12 <input type="checkbox"/> 24
Navia Benefits Debit MasterCard Pays for your eligible expenses with funds from your Medical FSA, Limited Purpose FSA, and/or DCAP. There is no cost to receive the debit card. You must elect the card each year. If you already have a debit card, it will be reloaded with your new election.	<input type="checkbox"/> Yes <input type="checkbox"/> No	You must provide a valid email address in Section I to receive the Navia Benefits Debit MasterCard.	
	<input type="checkbox"/> Yes, send a card for my eligible spouse or dependent.	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent _____ Last Name, First Name	
Dependent Care Assistance Program Minimum of \$120, maximum of \$5,000 per year, \$2,500 if married and filing separately.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total annual election amount \$ _____	
Direct Deposit Reimbursements are electronically deposited into your bank account. If you leave this section blank, we will mail your reimbursements to you.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of bank:	
		<input type="checkbox"/> Checking <input type="checkbox"/> 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 School Employees Benefits Board (SEBB) Program rules. I understand that I will receive reimbursements only for qualifying medical care or day care expenses. By signing below, I acknowledge that I understand the benefits. I have read both sides of the enrollment form and agree to the terms of use on the reverse page. 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.

Section III – Signature

Employee Signature: _____ Date: _____

To submit this form: Scan and email it to election@naviabenefits.com, fax it to 425-233-6366, or mail to Navia Benefit Solutions, PO Box 53250, Bellevue, WA 98015. We must receive your form **by November 20, 2023**. Forms received after November 21 will not be accepted for 2024 enrollment.

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

Terms of Use

- **Medical 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.
- **Limited Purpose FSA:**
 - Reimbursement will be approved only for qualifying dental and vision expenses as allowed by the 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 Medical FSA, Limited Purpose FSA, and DCAP services must be occur by December 31, 2024.
- All claims must be submitted to Navia Benefit Solutions by March 31, 2025.
- After March 31, 2025, unused DCAP balances will be forfeited. Unused Medical FSA and Limited Purpose FSA balances from \$120 up to \$640 will be rolled over to the next year. To receive carryover, you must enroll in an FSA for 2024 or have at least \$120 left in your account on December 31, 2024. Any funds above \$640, or below \$120 if you do not re-enroll, will be forfeited.

Lost Checks and Reissues

- Lost or expired Medical 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 presenting a canceled check will be deducted from your account as well as the face value of the check.

Direct Deposit

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

Deductions

- If enrolling during the SEBB 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 amounts you set as your annual elections (total contribution amount for the plan year) cannot be changed for the entire year unless a qualifying event creates a special open enrollment. See the appropriate 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 and allowable under IRS regulations. See the appropriate enrollment guide for details.

Transfers Between SEBB School Districts, Educational Service Districts, and Charter Schools

- If you enroll in the Medical FSA, Limited Purpose FSA, or DCAP and later change jobs and move to another Washington state 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 SEBB Program Medical 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 SEBB benefits coverage, you cannot enroll or reenroll in a Medical 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 in a Medical FSA, Limited Purpose FSA, or DCAP. 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 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 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.