



Health Flexible Spending Account 2020 Special Enrollment Form

FOR OFFICE USE ONLY

Toll-Free: (800) 821-2251
alaska.gov/drb

Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
Fax: (907) 465-3086

From August 10, 2020 through August 26, 2020, eligible AlaskaCare employee plan members who elected to make contributions to a Health Flexible Spending Account (HFSA) for plan year 2020 may make prospective reductions to their HFSA contributions. Please note that members' eligibility to reduce their contributions is dependent on their current HFSA balance, and any pending HFSA claims. After receiving this form, the Division will research your eligibility status and process the requested HFSA contribution reduction or contact you to discuss alternatives if you are not eligible to reduce your contribution amount as requested.

Don't forget! There is an automatic carry over of up to \$500 maximum of unused HFSA funds from one benefit year to the next. To check your HFSA balance contact PayFlex Customer Service at (800) 416-7053.

MEMBER INFORMATION

NAME (LAST / FIRST / M.I.)	SOCIAL SECURITY NUMBER
EMAIL ADDRESS	TELEPHONE NUMBER

ENROLLMENT INFORMATION

I want to prospectively reduce my monthly HFSA contribution from September to December 2020 to:

The minimum amount allowed: \$25 A specific amount (greater than \$25) \$ _____

HOW DO HFSA CONTRIBUTIONS WORK?

Each benefit year, you decide if you would like to enroll in a HFSA and determine the amount you want to contribute, up to the limits, on a pretax basis. During the benefit year, you file claims for eligible medical expenses, and are reimbursed with tax-free dollars from the account. You benefit from reduced taxes because you don't pay taxes on the dollars you contribute to your account. The federal government imposes certain restrictions on HFSA plans to give you these pre-tax advantages, such as you cannot enroll in, cancel, or change your HFSA amount at any time during the year except during Open Enrollment.

However, due to the COVID-19 outbreak, the federal government has allowed for increased flexibility in 2020. We understand some members may have had to postpone or cancel medical services during the COVID-19 public health emergency, and as a result may not be able to spend their HFSA funds as planned. In response, AlaskaCare is holding a Special Enrollment Period that will allow members to reduce their 2020 monthly contribution for the remainder of the calendar year. The minimum amount that can be selected is \$25.

SIGNATURE

By submitting this HFSA Special Enrollment form, you certify that you have received and read the information explaining your benefits, you understand you cannot change your elections, except as allowed by plan provisions, and your elections authorize the State of Alaska to make any required adjustments to your pay.

Reminder: This enrollment is for the remaining 2020 plan year ONLY. You will still need to participate in the upcoming regular Open Enrollment to elect HFSA for plan year 2021.

SIGNATURE	DATE
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Email your completed enrollment form to: **doa.drb.benefits@alaska.gov**

Mail your completed enrollment form to: **Alaska Division of Retirement and Benefits**
P.O. Box 110203
Juneau, AK 99811-0203

Fax your completed enrollment form to: **AlaskaCare: (907) 465-4668**

Note: AlaskaCare members may or may not be eligible to participate based on their actual circumstances at the time their special enrollment form is received.