



## PLAN AMENDMENT OPTIONS WITH FURTHER

Options have been made available due to COVID-19 which allow both member and employer plan flexibility. These changes allow an Employer to accept Employee FSA election changes without a reason for the change. These changes may be accepted through our standard lifestyle event change forms.

There are also opportunities offered to amend employer FSA plans to allow a group to add the option of a \$550.00 rollover/carryover amount into the 2021 new Plan Year, or to extend or add a grace period.

**If you would like to amend your plan, please complete the sections below that you would like to change. You do not need to return this form if you are not choosing to make changes.**

**\*If you currently have FSA rollover as part of your plan, our process is to increase it to the \$550 maximum on your behalf. If you would like your rollover amount to be less than \$550, please complete the applicable section below.**

Group Name\*: \_\_\_\_\_ Group Number\*: \_\_\_\_\_

1. Would you like to amend your Dependent Care FSA Plan Year ending 12/31/2019 or later to extend a grace period date allowed for more than 2 ½ months through 12/31/2020? Yes  No

Plan Year \_\_\_\_\_

Grace period end date \_\_\_\_\_

2. Would you like to amend your FSA medical Plan Year ending 12/31/2019 or later to extend a grace period date allowed for more than 2 ½ months through 12/31/2020? (This is not recommended if you also offer an HSA. You may not add a grace period to a plan year that has already utilized the rollover feature into a new Plan Year.) Yes  No

Plan Year \_\_\_\_\_

Grace period end date \_\_\_\_\_

3. Would you like to amend your plan to add a grace period to your plan ending in 2020, which allows a grace period end date through 12/31/2020? (This is not recommended if you also offer an HSA and you may not add a grace period to a plan that is setup with rollover.) Yes  No

Please indicate Account Type (Medical or Dep Care FSA, or both) \_\_\_\_\_

Plan Year \_\_\_\_\_ New grace period end date \_\_\_\_\_ (Cannot be extended past 12/31/2020)

4. Would you like to amend your plan to add rollover or carryover of funds into your new Plan Year? (Grace periods must not be in place and plan year must not have ended as of the date of processing the request.)

Would you like to amend your plan to add \$550.00 Rollover/Carryover feature? Yes  No

If you are amending your plan to add rollover, or if you currently have rollover in place, and you would like an amount that is less than \$550.00, please indicate that amount here. \_\_\_\_\_