



2020 Health Care Flexible Spending Account Change Form

1. Employee Information

Last Name	First Name	Middle Initial
Employee ID#	Email address	Primary contact phone number

2. Health Care Flexible Spending Account (Annual Amount: Min \$200/Max \$2,700)

Directions: Enter the amount you would like to contribute to the Health Care Spending Account for the entire year of 2020. The amount entered should be an **annual total**, not the per pay period amount.

Please add/change my **annual** contribution to: \$ _____

The new annual amount above represents:

- A decrease* to my current Health Care Spending Account election.
- An increase** to my current Health Care Spending Account election.
- Electing Health Care Spending Account (for the first time this year).

* If you elect to decrease your annual contribution, the new annual amount cannot be lower than the amount you have already contributed year-to-date or the amount previously reimbursed; whichever is greater.

** If you elect to increase your annual contribution, the increased amount cannot be used as reimbursement for expenses dated prior to the change.

To calculate your per-pay-period cost:

1. Take your new annual contribution amount and subtract the amount previously contributed (year-to-date).
2. Divide the balance by the number of pay periods remaining until the end of year to see your per-pay-period cost.

My electronic signature below acknowledges my understanding that I cannot request to decrease the amount in my Health Care Flexible Spending Account to an amount that is less than the funds I have already contributed and the amount I have been reimbursed to date in 2020. I authorize Emory University to deduct from my paycheck (if applicable).

3. Digital Signature

Please read carefully and digitally sign below.

*Name: _____ Date: _____

*Constitutes as your digital signature.

The completed form may be emailed to the Emory University Benefits Department at hrbenef@emory.edu; faxed to 404-727-7145; or mailed to: Emory University, Human Resources, Benefits Department, 1599 Clifton Road NE, Atlanta, Georgia 30322.

For questions, please contact the Benefits Department at 404-727-7613 or email us at hrbenef@emory.edu.