Election Change Request for Pre-Tax Benefit Accounts

The Wisconsin Department of Employee Trust Funds offers an Open Enrollment period each year for pre-tax benefit accounts. After that time, you may make changes to your elections and enrollment in these accounts if you have a qualified life change event, listed below.

Deadline: Your request must be received within 30 days of the qualified life change event.

Instructions:

- Employee: Complete this form and submit it to your Employer Benefits Specialist or Payroll Benefits Staff. Keep a copy for your personal records. NOTE: If changing your election prior to the start of the plan year (January 1), please use the Rescind Request Form.
- Employer: Update the employee's record in your HRIS/Payroll System. Retain a copy of the form for your records.

Employer Section

Change Effective Date: First Payroll Affected Date:

STEP 1: Personal Information

First Name:	Last Name:
Employer Name:	Employee ID:

STEP 2: Election Changes

	Current Payroll Deduction Amount	New Payroll Deduction Amount	Total Annual Deduction Amount**
Health Savings Account	$	$	$
Health Care Flexible Spending Account	$	$	$
Limited Purpose Flexible Spending Account	$	$	$
Dependent Day Care Account	$	$	$
Transit Account*	$	$	$
Parking Account*	$	$	$

*UW System and UW Hospitals & Clinics employees are not eligible for Transit or Parking Benefits.
**Required field. Add up your year-to-date elections at current rate, then add your remaining elections for the year at the new rate.

STEP 3: Reason for Request

- ☐ Change in employment status
- ☐ Change in legal marital status
- ☐ Change in number of dependents
- ☐ COBRA
- ☐ Dependent satisfies or ceases to satisfy eligibility requirements
- ☐ Entitlement to Medicare/Medicaid
- ☐ FMLA
- ☐ Judgement, decree or order

These reasons do not apply to Health Care Flexible Spending Accounts:

- ☐ Addition/elimination of benefit package
- ☐ Change in coverage of spouse/dependent under other employer's plan
- ☐ Change in residence
- ☐ Change in the cost of coverage
- ☐ HIPAA special enrollment rights
- ☐ Loss of group health coverage sponsored by governmental or educational institutions
- ☐ Significant curtailment of coverage
- ☐ Exchange Event: Reduction in hours (fewer than 30)
- ☐ Exchange Event: Exchange enrollment during Exchange open or special enrollment period

STEP 4: Authorization and Certification

I certify that the information on this form is accurate.

Account Holder Signature:	Date:
Employer Signature:	Date:

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