



AMERICAN BENEFITS GROUP

FLEXIBLE SPENDING ACCOUNTS

IRS Notice 2020-29 Special (non QLE) Mid-Year FSA Election Change Form

This form should only be used for changes made in response to Notice 2020-29

Name: _____ SSN: _____

Home Address: _____ Email: _____

City, State, Zip: _____ Phone: _____

Employer: _____ Date: _____

Per notice 2020-29 your employer has chosen to adopt the special relief that allows you to change (or make an election, if you originally waived) your current Health FSA, Limited Purpose FSA and/or Dependent Care benefit(s).

Your revised election amount cannot be for less than either, a) the total amount spent to date on the account being changed, or b) the total payroll contributions made up to the effective date of the change (whichever amount is greater). Nor can your total annual election exceed the annual maximum for the plan year.

To determine your spent amount for your current plan election(s) you can:

- Log into the WealthCare Portal or Mobile App
- If you set yourself up for text messaging, you can text bal to the number provided
- Call 888-294-7010 and select IVR to access your plan election information

[Download our 24/7 account access guide](#)

Benefit	Original Election	Revised Election
Health FSA	\$	\$
Limited Purpose FSA	\$	\$
Dependent Care FSA	\$	\$

This change will be effective for payrolls occurring on or after _____

I understand that this election change will impact my payroll deductions going forward. I also understand that any unused payroll contributions that were deducted prior to this election change cannot be returned to me. **You must submit this form to your employer by the deadline they provide to you.**

Employee Signature

Date

Employer Authorization

Date

Fax: 877-723-0147 or email: processing@amben.com

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