

## Plan Document Amendment Options - Pursuant to IRS Notice 2020-29

## **Mid-Year Election Change Options**

**Employer-Sponsored Health Coverage (Medical Insurance)** 

Yes	s. We would like elect to allow Mid-Year E	lection Changes for our Health Coverage as indi	cated:
		new election for employer-sponsored health co y declined to elect employer-sponsored health co	_
	election for employer-sponsored health o	vor of Different Employer-Sponsored Coverage: coverage and make a new election to enroll in different enroll enr	ferent health coverage
	employer-sponsored health coverage on	Attestation of Outside Coverage: Revoke an exist a prospective basis, provided the employee attest lenroll, in other health coverage not sponsored by	ts in writing that the
Flexible •	election of a Health FSA, a Limited Purpos Assistance Plan). IMPORTANT: Under this to an amount lower than the amount the change. Although only future salary reduce	n for, make a new election for, or decrease or inc se FSA ("LPF") or a Dependent Care FSA (DCAP – FSA election change option, <b>employees may no</b> <b>ey have been reimbursed</b> from that election as o ctions may be lowered under the revised election evised election may be used for any medical care or after 1/1/2020.	Dependent Care t reduce their election of the date of the ns, amounts
	Yes. We would like to elect to allow Mid-	Year election changes for our Flexible Spending	Accounts:
Extended F	Period to Incur Expenses Option		
	s option is not available to all FSA plans. To let points:  Have a plan year that ends in 2020  Have a plan year with a 2.5 month Gr	choose this option, the employer's plan must sa	tisfy one of the below
em		yer adopts the Extended Period to Incur Expenses palances in certain plans that started in 2019 to phother than the end of this year — 12/31/2020.	
	-	Accounts (HSAs): Selecting this option could have to a Health Savings Account (HSA) offered by the	
	Yes. We would like to elect the Extended	Period to Incur Expenses.	
	e amend our Plan Documents to include the ciated with this amendment.	e changes indicated above, we understand that th	ere will be a fee
	Employer Name	Authorized Signature	
	Printed Name		 Date