

AU FLEXIBLE SPENDING ACCOUNT (FSA) PLAN
MID-YEAR CHANGE FORM - 2021 SPECIAL ENROLLMENT PERIOD
Per the Consolidated Appropriations Act (CAA) Flexible Spending Account Plan

Employee Name: _____

ID Number: _____

Pay Frequency: _____

The employee requests the following CAA mid-year change(s):

Effective Date of FSA Change(s): April 1, 2021

Please make the change(s) to the following election(s):

Benefit Category	Current Annual Amount	Requested New Annual Amount*
Medical FSA	_____	_____
Dependent Care Account	_____	_____

* The Requested New Annual Amount will be implemented at the Requested Amount, or the Total of Amount already payroll deducted or the Total of Claims Reimbursement already received, whichever is the greater amount.

If the Requested New Annual Amount is \$0, your FSA deduction will be set to deduct \$1 per check to keep the FSA Active and your FSA funds available through the end of 2021.

Auburn University Human Resources (AUHR - Benefits) will review your account and notify you via email once the updated election amount(s) have been approved.

Your Auburn email: _____@auburn.edu

I am making the FSA election change request(s) due to: FSA Impacts of Unlimited Carryover allowed under the CAA. I acknowledge I have read the information included on this form.

Signature of Participant: _____ Date: _____

Please retain a photocopy for your files.

IMPORTANT: This form must be completed and returned to AUHR by March 15, 2021. No forms will be accepted after March 15, 2021, for the Special Enrollment Period (CAA-related) mid-year change.

Please submit this form to Auburn University Human Resources by [Secure Document Upload](#), fax it to 334-844-1799 or deliver it to 1550 E. Glenn Ave.