

City of Waterbury

Pension & Benefits Office
235 Grand Street
Waterbury, Ct. 06702
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Fax: (203) 346-2685
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Flexible Spending Accounts Health Care & Dependent Care Account Participant Status Change Form

Due to the Consolidated Appropriations Act of 2021 the regulations on your Health Care and/or Dependent Care Account have been relaxed. To make changes to your elections for 2021 please complete this form in full and return it to the P&B Office. You will have until **April 30, 2021** to decide what, if anything, you want to do and return this form.

No changes will be accepted after April 30, 2021.

Print Name:	
Address:	
City:	
State, Zip Code	
Preferred e-mail:	
Phone #:	

Please check the box or boxes that apply. ✓

Stop future contributions: <input type="checkbox"/> Health FSA <input type="checkbox"/> Dep. Care <i>We will verify that any claims already paid are fully funded before contributions cease.</i>

Reduce contributions: <input type="checkbox"/> Health FSA. New Annual amount: _____ <input type="checkbox"/> Dep. Care New Annual amount: _____ <i>We will verify that any claims already paid are fully funded before contributions reduce.</i>

Increase contributions: <input type="checkbox"/> Health FSA. New Annual amount: _____ <input type="checkbox"/> Dep. Care New Annual amount: _____ <i>Cannot exceed 2021 annual limits: Health Care - \$2,750 & Dependent Care - \$10,500</i>

I understand and authorize the changes I am requesting to my Healthcare and/or Dependent Care Accounts. Any contribution changes will be processed as of the first available payroll in May.

Signature:	Date:
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Office Use Only:

Date received:	Lawson #:	Date P&B to Payroll:
P&B Initials/balance verified:		