ELECTION CHANGE REQUEST FOR PRE-TAX BENEFIT ACCOUNTS

The Wisconsin Department of Employee Trust Funds (ETF) offers an Open Enrollment period each year for pre-tax benefit accounts. After that time, you may make changes to your elections and enrollment using this form. For Health Care and Dependent Day Care Flexible Spending Account (FSA) changes, you must have a qualifying life change event, listed below, and your request must be received within 30 days of the qualifying life change event. For Health Savings Account (HSA), Parking Account, and Transit Account changes, you are not required to have a qualifying life event in order to make an election change. The contribution change will be effective the 1st of the month following the application received date.

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 at www.etf-tasc.com.
- 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 Annual Election	New Annual Election	2026 IRS Contribution Limit
Health Savings Account	$	$	$4,400 per year for individual coverage $8,750 per year for family coverage
Health Care Flexible Spending Account	$	$	$3,300 per year
Limited Purpose Flexible Spending Account	$	$	$3,300 per year
Dependent Day Care Account	$	$	$7,500 per year $3,750 per year if married filing single
Transit Account*	$	$	$325 per month
Parking Account*	$	$	$325 per month

** UW Hospitals & Clinics employees are not eligible for Transit or Parking Benefits.*

One-Time HSA Contribution

I would like to make _____ (the number of) contributions to my HSA in the amount of $ _____ starting on/after _____ (specify the date).

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Step 3: Reason for Request - This section is only required for Health Care, Limited Purpose and Dependent Care FSAs

These changes apply to both Health Care, Limited Purpose and Dependent Day Care FSAs:

- ☐ Change in employment status
- ☐ Change in hours worked (now less than 50%)
- ☐ Change in legal marital status
- ☐ Change in number of dependents
- ☐ COBRA
- ☐ Dependent satisfies or ceases to satisfy eligibility requirements
- ☐ Entitlement to Medicare/Medicaid
- ☐ FMLA
- ☐ Judgment, decree or order
- ☐ Other _____

These changes apply to Dependent Day Care FSAs only:

- ☐ 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 or 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	