

SISC Flex Change Form – 2027 Plan Year
Employer Code: SIS



EMPLOYER:	
------------------	--

Employee Information (Please print clearly)

NAME:	First	MI	Last	SSN:	
ADDRESS:	Street Address or P.O. Box	City	State	Zip	CELL PHONE:

Indicate employee name, social security number, item(s) to be changed, sign the form and submit to your employer.

Type of change requested:
☐ Change of address ☐ Decrease in monthly deduction amount (indicate new amount below) ☐ Enroll in a plan (indicate election amount below) * Only use change form to enroll if previously completed enrollment form for this year. ☐ Increase in monthly deduction amount (indicate new amount below) ☐ Name change (Would you like a new Navia Benefit Card issued? If yes; check box ☐) ☐ Termination from the plan (Must be a qualifying event within IRS guidelines.) Upon termination, the Navia Benefit Card will be turned off and manual claims may be submitted for the time period the account was active.
This change is due to the qualifying event noted below:
☐ Change in legal marital status, including marriage, divorce, death of spouse, legal separation, or annulment. ☐ Change in number of dependents under Code Section 152, including birth, adoption, placement for adoption, or death. ☐ Change in the employment status of the participant, including (a) termination or commencement of employment, (b) commencement of or return from an unpaid leave of absence, (c) change in employment status that results in the participant, spouse, or dependent child becoming or ceasing to be eligible under the individual's plan (such as switching from part-time to full-time [or from full-time to part-time] employment status.) ☐ Dependent child satisfies or ceases to satisfy dependent eligibility requirements, e.g., attainment of age, student status or any similar circumstances as provided under the Health Benefit plan. ☐ A change in dependent care provider or rates. DATE OF QUALIFYING EVENT: _____ (Change cannot be processed without date of qualifying event.) <i>Please Note: A qualifying event must have occurred and the requested change must be consistent with that event. Contact Carmen Gonzales at (661)636-4416 to discuss possible qualifying events.</i>

SISC Flex Plan Elections and Salary Reduction Authorization

SISC Flex Plan is pro-rated if a mid-year election is made.

Health Care Expense Account \$3,400.00 yearly maximum	Number of Pay Periods remaining _____	\$ Per Pay Period remaining = \$ _____
Limited Purpose Health Care Expense Account \$3,400.00 yearly maximum	Number of Pay Periods remaining _____	\$ Per Pay Period remaining = \$ _____
Dependent Care Expense Account (Daycare or Eldercare Expense) \$7,500.00 yearly family maximum	Number of Pay Periods remaining _____	\$ Per Pay Period remaining = \$ _____

I hereby authorize and direct my employer to reduce my salary pre-tax by the amount necessary to pay for the benefit(s) as shown above for the plan year indicated above.

Employee Signature _____ **Date:** _____
Return the completed form to your employer.

Employer's Use Only:

Effective date of change: _____ First Payroll Deduction: _____

Received and approved by authorized employer administrator: _____ **Date:** _____

(This change form must be received, processed, and approved by the SISC Flex office before the change becomes effective.)

Please see the reverse side for important information regarding the above benefits

Return completed form to SISC Flex via:

Secure E-mail System: <https://securemail.siscschools.org>

E-mail Address: cagonzales@siscschools.org

Fax: (661)636-4063

Mail: P.O. Box 1808

Bakersfield, CA 93303-1808

Additional Information**Health Care Expense Account**

- Reimbursement will only be available for qualifying medical care expenses as set forth in the Plan Document, Eligible Expense List, and Section 213 of the Internal Revenue Code. It is your responsibility to check the eligibility of an expense prior to enrollment.
- Group Medical Plan Premiums cannot be reimbursed through the Health Care Expense Account and may be deducted pre-tax through the Premium Only Plan. Therefore, do not include the cost of premiums in your Health Care Expense Account annual election amount.
- If the Plan Year is less than twelve (12) months, the plan limit may be prorated to be less than the \$3,400 calendar year limit mandated by the IRS.

Limited Purpose Health Care Expense Account

- If you participate in a Health Savings Account (HSA) then you may not participate in the regular Health Care Expense Account. The Limited Purpose Health Care Expense Account is available for reimbursement of dental, vision, and orthodontia expenses only. See your Summary Plan Description for more information.
- If the Plan Year is less than twelve (12) months, the plan limit may be prorated to be less than the \$3,400 calendar year limit mandated by the IRS.

Dependent Care Expense Account

- Reimbursement will be available only for qualifying day care and adult care expenses as described in the Internal Revenue Code Section 129, the Plan document and the Summary Plan Description.
- Participation in a Dependent Care Expense Account will require you to complete tax form 2441 when filing federal taxes. If your plan includes a Grace Period any amounts carried forward or forfeited during a taxable year should be entered in Line 13 of Form 2441. If you or your spouse are full-time students, please consult IRS Publication 503.
- If the Plan Year is less than twelve (12) months, the plan limit may be prorated to be less than the \$7,500 calendar year limit mandated by the IRS.

Use-It or Lose-It

- You must claim all elected funds by the end of the run-out period. Money left in the plan after the end of the run-out period cannot be refunded to you; this is referred to as the Use-it or Lose-it rule.

Grace Period

The grace period allows you to incur expenses against the prior plan year for 2 ½ months after the plan year ends (March 15, 2028). Expenses incurred after the end of the Grace Period are not eligible for reimbursement.

Claim Runout Period

- The claim runout period allows you to submit claims after the end of the plan year (March 31, 2028). Claims received after this period will be denied.

Direct Deposit

- All electronic funds transfers (EFT) will be initiated on the same day as the normal check reimbursement date.

Deductions

- SISC Flex Plan deductions will be deducted from your paycheck evenly throughout the plan year. You must indicate an annual election and a per paycheck deduction on your enrollment form. If you enroll in the plan after open enrollment then please divide your annual election by the remaining deductions in the plan year. The monthly and yearly elections may be adjusted slightly by SISC Flex Plan Administrator.
- Employees must enroll each year and make an election in order to participate.

Change in Event

- All elections set forth are considered irrevocable for the entire plan year unless there is a qualifying change in event. Please consult the plan document or summary plan description for a list of qualifying events.
- In the event of a change in event the change in election must be necessitated by and consistent with the change in event and the change must be acceptable under IRS Regulations.

Eligibility

- Independent contractors and self-employed individuals are not eligible to participate in the Plan. Self-employed individuals include: Sole Proprietors of their own business; General Partners in a general partnership and General Partners in a limited partnership; Limited Partners of partnerships with guaranteed payments; more than 2% Shareholders of an S corporation as well as the spouse, children, parents and grandparents of a more than 2% Shareholder; and non-employee Members of an LLC. It is your responsibility to determine your eligibility.
- Expenses must be incurred during the plan year and while you are an active participant in the plan. Any expense incurred prior to your effective date or after your termination date cannot be reimbursed.

Debit Card

- If you elect to use the card, please keep in mind that you may still need to submit supporting documentation to verify that a charge is eligible. You will be notified via email if you have a charge that requires documentation. You can check your account online to view any outstanding charges or contact customer service.
- If you use the card for an ineligible expense or do not substantiate a charge your card may be temporarily suspended to prevent further use. The IRS provides the participant with 2 methods for correcting an ineligible or unsubstantiated charge: a) repay the plan for the amount of the expense, or b) request the substitution or offset of future out of pocket expenses.
- You will receive one card by default but you can request additional cards.
- If mid-year termination of plan the card will no longer be available to use.

Electronic Disclosure Notice

- By providing your e-mail address you consent to receive e-mail communications from the SISC Flex Plan Administrator, Navia, and subcontractors regarding the Plan.
- If you no longer wish to receive information electronically, you may withdraw consent at any time at no cost. To withdraw consent, please contact Navia.
- You have a right to receive a paper version of an electronically furnished document at no cost.
- To access documents, you must have Adobe Reader. A link to download this software will be provided with all electronic documents provided.