

This form is intended for [State of NC employees eligible to participate in the NCFlex plans](#), specifically the [Dependent Day Care Flexible Spending Account \(DDCFSA\)](#) and experience a [Qualifying Life Event \(QLE\)](#) that justifies a change in their DDCFSA. Outside of Open Enrollment, changes can only be made to NCFlex benefits with a valid QLE.

You (the DDCFSA participant) will need to make a change in the enrollment system – [eBenefits](#) for non-universities / [UNC Empyrean](#) for universities – within 30 days of the life event (or contact Human Resources) and upload (to the enrollment system) or provide (to Human Resources) supporting documentation, such as this form.

Note: Your dependent must be under age 13, or incapable of self-care to be eligible for the DDCFSA.

If you are outside of your 30-day life event window or have questions about this form, reach out to ncflex@nc.gov.

Step 1: Personal Information

Name:	Date of Birth:
Employer Name:	Employee ID or Last 4 of SSN:

Step 2: Reason for Change

Check the applicable box(es) below to indicate the Qualifying Life Event (QLE) that applies to your situation, and indicate the date the event occurred, or is scheduled to occur. Your enrollment or change in election must be due to, and consistent with, your QLE. In addition, all enrollments and changes must be made within 30 days of the event and will be effective the 1st of the month following the event.

Example of effective date: If you enter an event date of April 1, the effective date of change will be May 1 or if you put an event date of March 31, the effective date of change will be April 1.

Change in Status:
 Date Event Occurred or is Scheduled to Occur (**must be within the last 30 days**): _____

Type of Qualifying Life Event:

- Start childcare (including daycare, before and after-school care for school-age-children and day camp) or elder care
- Stop childcare or elder care
- Change in spouse employment status that affects eligibility for participating in a DDCFSA
- Change in your dependent’s eligibility (e.g., your child reaches age 13 when he/she is no longer eligible for coverage under DDCFSA)
- Change in cost or coverage for childcare or elder care, such as significant cost increase charged by your current care provider, or a change in your provider
- Other; please explain:

Step 3: Election Changes

As a result of, and consistent with, the QLE indicated in Step 2, please indicate the new DDCFSA election below, to be effective the 1st of the month following the date of event.

Important Notes:

- The new election amount you indicate below will replace your current annual election. If you choose to cancel your account all together, your account balance will still be available for claims that occur through the end of the plan year, but only through manual claims filing. Your annual election cannot be less than \$120 or greater than \$5,000 per household for a DDCFSA (or \$2,500 if you are married and filing separately).
- Your new annual election (minus what you have already contributed) will be divided evenly over the remaining pay periods in the year.

Change Requested: (Please check one)	Current Election:	New Election:
<input type="checkbox"/> Increase an existing election Your current election amount will still be available for expenses incurred between your original effective date through the effective date of this QLE. You cannot use your new election amount for claims incurred prior to the effective date of this QLE forward.		
<input type="checkbox"/> Decrease an existing election or stop account Your new choice cannot be less than expenses for which you've already been reimbursed or the amount you have had payroll deducted.		
<input type="checkbox"/> Elect to participate (new account only) You cannot use your new election amount for claims incurred prior to the effective date of this QLE forward.	N/A	

Step 4: Acknowledgement and Certification

By signing, I certify that the information on this form is accurate. I acknowledge I cannot change my elections until the next Open Enrollment, unless I experience a qualifying life event.

Employee Signature:	Date:
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