

To notify NCFlex of a Day Care Change qualifying life event (QLE), please complete all details listed in this form and upload to the enrollment system platform or send the completed and signed form to ncflex@nc.gov.

Please note: You will still need to make a change in the [enrollment system](#) within 30 days of your life event, we can only upload the form, not make the actual change. This form is to serve in place of supporting documentation for changes in the Dependent Day Care FSA, when supporting documentation cannot be obtained. If, based on the event noted, NCFlex feels more documentation is needed, we will notify you.

SECTION 1: PARTICIPANT INFORMATION

Name	Date	Date of Birth
Address	Daytime Phone	
City/State/ZIP	Email Address	
Employer	Division	

SECTION 2: QLE AFFECTING ENROLLMENT

Check applicable box(es) below to indicate the QLE that applies to your situation, and indicate the date the event occurred, or is scheduled to occur. Your enrollment or change in election(s) must be due to, and consistent with, your QLE. In addition, all enrollments and changes must be made within 30 days of the life event and will be effective the 1st of the month following the event. Please refer to Section 5 "Important Notes" and the Qualifying Life Event Quick Reference Guide for additional information.

Change in Status:

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

Type of Qualifying Life Event:

- Start daycare or elder care
- Stop daycare 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 a DDCFSA)
- Change in cost or coverage for daycare or elder care, such as a significant cost increase charged by your current daycare provider, or a change in your provider
- Other; please explain: _____



DEPENDENT DAY CARE FLEXIBLE SPENDING ACCOUNT QUALIFYING LIFE EVENT FORM

SECTION 3: ELECTION CHANGES OR FSA ENROLLMENT

As a result of, and consistent with, the QLE indicated in Section 2 above, please provide the information below.

Note: 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 file separately).

I WANT TO: (PLEASE CHECK ONE)	MY CURRENT ELECTION IS:	MY NEW ELECTION WILL BE:
<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 election 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	

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

Claim Deadlines

Claims can only be submitted for reimbursement of eligible dependent care expenses for the 2022 benefit period that are incurred on or after the effective date as shown in the enrollment platform, through March 15, 2023. Claims must be filed for the 2022 benefit period no later than April 30, 2023.

SECTION 4: ACKNOWLEDGMENT INSTRUCTIONS

By signing, I acknowledge the following information.

- I cannot change or revoke any of my elections: Until the next Open Enrollment, when I can make a new election. Unless I experience a qualifying life event (for example, marriage, divorce, and other such events allowed under the Internal Revenue Code and this Plan) and my election change is caused by, and consistent with, the qualifying life event.
- My allotment per pay date is my annual election divided by the number of remaining pay dates in the benefit period.

Employee Signature _____ Date _____