



2021 Flexible Spending Accounts Election Form

The Federal Judiciary Benefits Program

Effective Date of Coverage:

Please refer to the effective date schedules posted on the JBC site for determination of your effective date of coverage.

Election Limits:

HCRA - Health Care Reimbursement Account - If you wish to enroll in the HCRA please indicate the amount you wish to contribute for the plan year. The maximum allowable annual election is \$2,750 and the minimum is \$100.

DCRA - Dependent Care Reimbursement Account - If you wish to enroll in the DCRA, please indicate the amount you wish to contribute for the plan year. The maximum allowable annual election is \$5,000 (if married and filing taxes separately, the maximum is \$2,500) and the minimum is \$100.

Three ways to enroll:



WEB
Via JENIE or directly at:
<https://judiciary.lifeatworkportal.com>



FAX
855-904-0348



MAIL
Judiciary Benefits Center
PO Box 18031
Norfolk, VA 23501-1885

A. Personal Information (Please Print)

NAME: _____ EMPLOYEE ID: _____ DATE OF BIRTH: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIPCODE: _____
EMAIL: _____ PHONE NUMBER: _____

B. Qualified Life Event Code

EVENT CODE: _____ Open Season elections _____ New Hire elections _____

HCRA – Health Care Reimbursement Account Election

Election to Participate - I hereby elect to participate in the HCRA. I elect to contribute \$ _____ for the current plan year.

LPHCRA – Limited Purpose Health Care Reimbursement Account Election

Election to Participate - I hereby elect to participate in the LPHCRA. I elect to contribute \$ _____ for the current plan year.

DCRA – Dependent Care Reimbursement Account Election

Election to Participate - I hereby elect to participate in the DCRA. I elect to contribute \$ _____ for the current plan year.

C. Signature - Please read the following carefully before completing your election:

- I agree that my compensation will be reduced by the amount I have elected under the Flexible Benefit Program, continuing for each pay period until this agreement is amended or terminated for the current plan year.
- I understand that my election is for the 2021 Plan Year beginning January 1 and ending December 31. My deduction per pay period is my annual election divided by the number of remaining pay periods in the Plan Year.
- I understand that I cannot change or revoke any of these elections before January 1 of the next plan year, unless I experience a Qualified Life Event (e.g., marriage, divorce, birth or adoption of a child, death of a spouse or child, termination or commencement of employment by my spouse or other such events allowed under the Internal Revenue Code) and the election change is caused by, and consistent with, the QLE.
- I understand that any pre-tax elections I have made will reduce my compensation for Social Security tax purposes. This means that my Social Security benefits could be decreased.
- I understand that any amount remaining in my Health Care or Limited Purpose Reimbursement Account (HCRA/LPHCRA) and/or my Dependent Care Reimbursement Account (DCRA) after the end of the Plan Year will be forfeited.
- I understand that if I wish to add, change or continue in one or both Flexible Spending Accounts, I must make an election each year. My election will not carry over from one plan year to the next.
- My election amount(s) will be noted on my confirmation statement.

Signature

Date