

Qualifying event changes permitted by IRS

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|--|---|----------|-------|----------|----------------------------|----------|-------|----------|
| | Health Care FSA and Limited Purpose FSA | | | | Dependent Day Care Account | | | |
| | Enroll | Increase | Cease | Decrease | Enroll | Increase | Cease | Decrease |
| Legal marital status change—marriage | | | | | | | | |
| Add dependents. | Yes | Yes | No | No | Yes | Yes | No | No |
| (a) Participant, spouse, or dependents become eligible under new spouse's employer's Health Care FSA; and | No | No | Yes | Yes | No | No | Yes | Yes |
| (b) Spouse participates in employer's plan; then | | | | | | | | |
| (c) Coverage for the affected individual becomes effective or is increased under the other employer's plan. | | | | | | | | |
| Participant's new spouse is not employed or makes a Dependent Day Care coverage election through their employer. | N/A | | | | No | No | Yes | Yes |
| Legal marital status change – death, divorce, legal separation, annulment | | | | | | | | |
| Participant's former spouse loses eligibility. | No | No | No | Yes | N/A | | | |
| Participant loses coverage under former spouse's Health Care FSA. | Yes | Yes | No | No | N/A | | | |
| Participant can accommodate a newly eligible dependent (due to the divorce). | N/A | | | | Yes | Yes | No | No |
| Eligibility is lost due to an event (dependent resides with ex-spouse). | N/A | | | | No | No | Yes | Yes |
| Change in number of dependents | | | | | | | | |
| Participant gains a dependent (birth, adoption, eligible dependent moves in). | Yes | Yes | No | No | Yes | Yes | No | No |
| Participant loses a dependent or dependent loses eligibility (result of death, or as when an individual is no longer financially supported by participant, or their child no longer satisfies the age requirements for health coverage). | No | No | Yes | Yes | No | No | Yes | Yes |
| Dependent satisfies or ceases to satisfy eligibility requirements | | | | | | | | |
| Participant's dependent gains eligibility. | Yes | Yes | No | No | Yes | Yes | No | No |
| Participant's dependent ceases to be eligible. | No | No | Yes | Yes | No | No | Yes | Yes |
| Change in employment status – termination | | | | | | | | |
| Participant's spouse terminates employment and they or dependent loses eligibility for participation in spouse employer's Health Care FSA. | Yes | Yes | No | No | N/A | | | |
| Participant or dependent commences employment that triggers a gain in eligibility under their employer's plan; then spouse or dependent gains eligibility and enrolls in their employer's Health Care FSA. | No | No | Yes | Yes | N/A | | | |

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| Participant's spouse terminates employment and it renders dependent ineligible for participation in the Dependent Day Care Account. | N/A | | | | No | No | Yes | No |
| Participant's spouse returns to work and dependent is now eligible for participation in the Dependent Day Care Account (spouse previously did not work). | N/A | | | | Yes | Yes | No | No |
| Participant's spouse returns to work and dependent is added to a Dependent Day Care Account offered by spouse's employer. | N/A | | | | No | No | Yes | No |
| Change in employment status – leave of absence | | | | | | | | |
| Participant commences an unpaid leave of absence. | No | No | Yes | Yes | No | No | Yes | Yes |
| Participant's returns from an unpaid leave of absence. | Yes | Yes | No | No | Yes | Yes | No | No |
| Participant's spouse commences an unpaid leave of absence and spouse or dependent loses eligibility for participation in spouse employer's Health Care FSA. | Yes | Yes | No | No | N/A | | | |
| Participant's spouse or dependent returns from an unpaid leave of absence that triggers a gain in eligibility under their employer's plan, if spouse or dependent gains eligibility and enrolls in their employer's Health Care FSA. | No | No | Yes | Yes | N/A | | | |
| Participant's spouse commences an unpaid leave of absence and it renders dependent ineligible for participation in the Dependent Day Care Account. | N/A | | | | No | No | Yes | No |
| Participant's spouse returns to work from an unpaid leave of absence and dependent is now eligible for participation in the Dependent Day Care Account (spouse previously did not work). | N/A | | | | Yes | Yes | No | No |
| Change in place of residence (that of participant, spouse, or dependent) | | | | | | | | |
| ...results in a decrease in participant's dependent day care cost. | N/A | | | | No | No | No | Yes |
| ...results in an increase in participant's dependent day care cost. | N/A | | | | No | Yes | No | No |
| ...results in a loss of coverage for participant's dependent. | N/A | | | | No | No | Yes | No |
| ...results in a gain of coverage for participant's dependent. | N/A | | | | Yes | No | No | No |
| Significant coverage curtailment | | | | | | | | |
| Participant's day care provider significantly reduces its available hours or goes out of business and participant switches dependent day care providers and make a new election. | N/A | | | | Yes | No | Yes | No |
| Participant switches dependent day care providers and it results in a cost increase. | N/A | | | | No | Yes | No | No |
| Participant switches dependent day care providers and it results in a cost decrease. | N/A | | | | No | No | No | Yes |

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| | Enroll | Increase | Cease | Decrease | Enroll | Increase | Cease | Decrease |
| Cost increase or decrease | | | | | | | | |
| The cost charged by participant's dependent day care provider* increases. | N/A | | | | No | Yes | No | No |
| The cost charged by participant's day care provider* decreases. | N/A | | | | No | No | No | Yes |
| Certain judgment, decrees, or court orders | | | | | | | | |
| Per a judgment, decree, or court order from a divorce, legal separation, annulment, or change in legal custody... | | | | | | | | |
| Participant must provide accident or health coverage for child/foster child. | Yes | Yes | No | No | N/A | | | |
| Participant's spouse, former spouse, or other individual must provide accident or health coverage for participant's child/foster child. | No | No | Yes | Yes | N/A | | | |
| Eligibility for Medicare and Medicaid | | | | | | | | |
| Participant, spouse, or dependent... | | | | | | | | |
| Becomes entitled to and enroll in Medicare or Medicaid (other than coverage solely for pediatric vaccines). | No | No | Yes | Yes | N/A | | | |
| Loses eligibility for Medicare or Medicaid. | Yes | Yes | No | No | N/A | | | |

*Note: If the participant's day care provider is related by blood or marriage, the participant CANNOT change election amount solely to increase or decrease amount being paid to the relative.