

## Vanderbilt has adopted the IRS allowance for Health Care Flexible Spending Account mid-year changes

Due to COVID-19, in addition to allowing employees with dependent care flexible spending accounts to make changes midyear, the IRS is allowing employees who face changes in their medical care situation to qualify as a “Change in Status.” Therefore, employees may increase, decrease or stop funds from being deposited into a Health Care Flexible Spending Account (HCFSFA). This guidance allows an election change for:

- Reductions in work hours
- Change in employment status
- FMLA leave

These changes are prospective which means that a change can be made now and through October 31, 2020, but not retroactively.

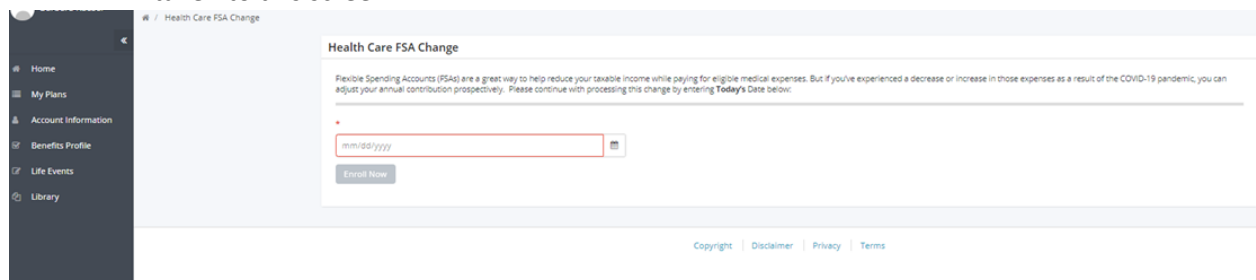
**Example:** *Bi-Weekly Employee has a total of 26 pay periods per year. They elected \$520 at Open Enrollment which is \$20 per pay period (and at today’s date – this person has 12 deductions taken - totaling \$240)*

*The employee completes a HCFSFA event and would like to drop the HCFSFA deductions – the system will account for the deductions that have already been taken)*

- *If this employee claimed/received the full \$520 from the FSA account, then this request for a change in deduction would be denied since the employee still needs \$280 to be deducted. (\$520 - \$240 = \$280)*
- *If this employee claimed/received \$380 from the FSA account, then this request would be adjusted to a deduction of \$10 per pay period for the remainder of the year or a goal amount of \$140. (\$380 - \$240 = \$140)*

To make a change to your HCFSFA election, go to the [My VU Benefits website](#).

1. Log in with your VUNetID and ePassword.
2. On the left-hand side of the page, select *Life Events*.
3. Select *Health Care FSA Change*.
  - a. When you select the Health Care FSA Change from the Life Events page, you will be taken to this screen.

The screenshot shows a web interface for a "Health Care FSA Change" event. On the left is a dark sidebar menu with options: Home, My Plans, Account Information, Benefits Profile, Life Events (selected), and Library. The main content area has a title "Health Care FSA Change" and a paragraph explaining that Flexible Spending Accounts (FSAs) are a great way to help reduce taxable income while paying for eligible medical expenses, and that users can adjust their annual contribution prospectively. Below this is a form with a date input field containing "mm/dd/yyyy" and an "Enroll Now" button. At the bottom right of the page, there are links for Copyright, Disclaimer, Privacy, and Terms.

4. Enter today’s date and from here, the system will walk you through the simple process of changing your benefits.

**1. CHOICES**

### Health Care Flexible Spending | Plan Information

The Health Care Flexible Spending Account allows you to set aside pre-tax money to pay for out-of-pocket health care expenses for you and your eligible dependents.

- Review the [Eligible Health Care Expenses list](#) for items that are eligible for reimbursement.
- The [Tax Savings worksheet](#) can show you how much you can save on your taxes by using the Flexible Spending Account. **Please see your tax advisor if you have any specific questions regarding tax liabilities with respect to the spending account plan(s).**

Remember that your election is for the entire year and can be changed only if you experience a **life event** such as:

- Marriage or divorce
- Gain or loss of a dependent
- Gain or loss of your spouse or dependent's employment

If you have already contributed during this plan year, you can submit claims for reimbursement for funds already deducted; prior deductions will not be refunded through payroll. If you do not wish to participate for the remainder of the plan year please enter the amount indicated below.

### Health Care Flexible Spending | Make Your Choice

**Min and Max Contributions:**

- The minimum annual contribution to participate is **\$240.00**
- The maximum annual contribution to participate is **\$2,700.00**
- If you do not wish to participate, please enter **\$240.00**

ENTER:

Your Annual Amount:  
\$ 520

or

Deduction (Biweekly):  
\$ 20.00

**Calculate**

5. Once this life event is submitted, the Life Event will be *pending*.
6. You will then see a confirmation page denoting 'Upon HR Approval.'

**2. CONFIRMATION**

### Enrollment Information for Jennifer Swezey

Enrollment Type: Health Care FSA Change | Effective Date: 06/09/2020 | Generated: 06/09/2020 at 5:14:43 p.m.

Below is a summary of your benefit elections with your per pay deductions and a list of any covered dependents. Please print and review your benefit elections to confirm accuracy and see any next steps, such as providing required evidence of insurability and/or adding your emergency contact information.

If you are satisfied, use the button above to print this form.

To make other changes, click on the Edit button for the plan type you want to change. You will be returned to that spot in the enrollment process to make your change. Your benefit election is saved when you are prompted with information for the next benefit election; at that time, you may click on the Confirmation link in the Enrollment Progress bar above to return to this statement.

### Your Choices

#### Getting Started Questions

Tobacco Free Credits  
Tobacco Affidavit: Tobacco-Free (credit is received)

#### Health Care Flexible Spending

Plan Detail	Coverage Detail	Coverage Period	You Pay
Plan Name: Health Care Flexible Spending Account Amount: \$2,000.00 Employer Amount: \$0.00		01/01/2020 - 12/31/2020	\$166.67 monthly
<b>Upon HR Approval</b>			
Plan Name: Health Care Flexible Spending Account Amount: \$333.33 Employer Amount: \$0.00		06/09/2020 - 12/31/2020	\$0.00 monthly

7. Benefit Express on behalf of HR will review the new goal compared to the amount that has been claimed against to date.
  - a. If the new goal amount is **more** than what has been claimed, the life event will be approved and a confirmation statement will be sent.
  - b. If the new goal amount is **less** than the claimed amount, the life event will be adjusted.

Please note this does not change the claims deadline for HCFSAs. The money contributed to your FSA account must be used during the calendar year; it does not carry over from year to year. You do have a grace period in which you are allowed additional time to incur claims for reimbursement. This grace period allows participants to incur claims up until March 15 of the following plan year. Money not used will be forfeited.

For more information, contact Human Resources at [human.resources@vanderbilt.edu](mailto:human.resources@vanderbilt.edu) or 615.343.4788.