



## COVID-19 Request to Reduce Flexible Spending Account Election(s)

In response to the passage of the Consolidated Appropriations Act, Lehigh has chosen to adopt new carryover provisions for the Healthcare and Dependent Care FSAs. Effective immediately, any remaining balance in your healthcare and/or dependent care FSA will automatically carry over into the 2021 plan year after March 31, 2021. Please see [this link](#) for more information about these changes and any restrictions.

We recognize that this may result in an excess of funds that you previously were not expecting to have access to, and may not be able to fully utilize in 2021. **Therefore, we are permitting a one-time reduction to your 2021 FSA elections without a qualifying life event (QLE).**

**Please complete this form and return it to [inben@lehigh.edu](mailto:inben@lehigh.edu) for review and processing.** All changes will be prospective, effective on the first of the month following the submission of your request. Please note that your elections cannot be reduced to an amount less than your year-to-date contributions or reimbursements from the accounts. **All requests for a reduction must be submitted no later than April 15, 2021.** Any changes to an FSA election outside of this one-time reduction must be made in response to a qualifying life event.

**Employee Name:**

**LIN:**

**Date:**

<b>Healthcare FSA</b>
I wish to decrease my annual contribution limit to:

<b>Dependent Care FSA</b>
I wish to decrease my annual contribution limit to:

### Acknowledgements:

By signing and submitting this COVID-19 Request to Reduce Flexible Spending Account Election(s) form, I hereby:

- Confirm all information is true and accurate to the best of my knowledge
- Authorize Lehigh University to reduce my pay in the amount required for the choices I have indicated on this form.
- Confirm I understand if these changes are approved, they will remain in effect through the end of the current plan year (through December 31, 2021) and I cannot retract these changes or make additional change at a later date for this plan year without a qualifying life event.

**Employee Signature:**

**Date Signed:**