

# MVP Spending Account Services

## Flexible Spending Account Amendment Form



### Section 1: Company Information *(print)*

Company Name		Plan Year Effective Date	
Company Street Address			
City	State	Zip	Tax ID No.
Company Contact Name	Phone Number	Email	

### Section 2: Flexible Spending Account (FSA) Amendments

What plan amendments would you like to make? *Check the following boxes that apply:*

- Allow employees to revoke an election, make a new election, or increase or decrease an election on a prospective basis with the following limitations:** (i.e. time period to make such changes)

*Election decreases cannot be lower than what has already been contributed or reimbursed.*

Apply to:  Medical FSA  Dependent Care FSA  Limited Purpose FSA

- Extend the claims period for employees to use funds with a plan year or grace period ending in 2020 to pay for expenses incurred through \_\_\_\_\_.** *Extension period cannot run past December 31, 2020.*

Apply to:  Medical FSA  Dependent Care FSA  Limited Purpose FSA

- Increase the allowed FSA carryover amount to \$550.** *Applies to 2020 plans only.*

Apply to:  Medical FSA  Limited Purpose FSA

If you have requested to have MVP provide updated plan documents, we will provide a Summary of Materials Modification within the required timeframe once the above changes have been processed.

### Section 3: Authorization

I hereby certify that the statements made are true and complete to the best of my knowledge and belief.

Unless otherwise prohibited by law, I consent to the receipt of electronic communications related to my MVP health plan at the email address I provided. I have read and agree to the details outlined in MVP's Electronic Disclosure, which is available at **mvphhealthcare.com** or by calling **MVP at 1-800-TALK-MVP (825-5687)**.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

I have read and agree to this authorization.

Company Contact Signature	Title
Name <i>(print)</i>	Date

**Please return this completed form to your MVP Account Manager.**

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.