



RESCIND REQUEST FOR PRE-TAX BENEFIT ACCOUNTS

The Wisconsin Department of Employee Trust Funds offers an Open Enrollment period each year for pre-tax benefit accounts. If you wish to change or cancel your elections before the plan start date (January 1), you may do so using this form.

Account Change Rules: Health Care Flexible Spending Account, Limited Purpose Flexible Spending Account, and Dependent Day Care Account enrollment elections may not be rescinded on or after your effective date of coverage. You can enroll or make changes to your Parking Account and Transit Account at any time during the plan year. You can make changes to your HSA annual contribution amount at any time during the plan year, however you cannot rescind your HSA enrollment after your January 1 effective date unless you experience a qualifying life event.

Deadline: Your request must be received prior to the plan start date (January 1).

Instructions:

- **Employee:** Complete this form and submit it to your Employer Benefits Specialist or Payroll Benefits Staff. Keep a copy for your personal records.
- **Employer:** Update the employee's record in your HRIS/Payroll System. Retain a copy of the form for your records.

Employer Section			
Payroll Center Name			
HR/Payroll Staff Contact		Contact Email	

Step 1: Personal Information			
First Name		Last Name	
Employer Name		Employee ID	
Address		Email	

Step 2: Election Changes			
	Change Election	New Payroll Deduction Amount	New Total Annual Deduction
Health Savings Account	☐ Yes	\$	\$
Health Care Flexible Spending Account	☐ Yes	\$	\$
Limited Purpose Flexible Spending Account	☐ Yes	\$	\$
Dependent Day Care Account	☐ Yes	\$	\$
Transit Account*	☐ Yes	\$	\$
Parking Account*	☐ Yes	\$	\$

* UW Hospitals & Clinics employees are not eligible for Transit or Parking Benefits.

Step 3: Reason for Request	
Please enter a brief summary of the reason for your request.	





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Step 4: Authorization and Certification			
I certify that the information on this form is accurate.			
Account Holder Signature		Date	
Employer Signature		Date	

