



Internal Services Agency

Department of Personnel Services

Employee Benefits Office
AnnMarie Meyer, Manager

Terry Schutten, County Executive
Mark Norris, Agency Administrator
David Devine, Department Director

County of Sacramento

FLEXIBLE SPENDING ACCOUNTS MID-YEAR CHANGE FORM

Employee Name _____ SSN _____

Address: _____ City: _____ Zip: _____

Medical Reimbursement Account (MRA)

Prior Annual Election \$ _____ New Annual Election \$ _____

Prior Pay Period Deduction \$ _____ New Pay Period Deduction \$ _____

Dependent Care Reimbursement Account (DCRA) May require new DCRA contract

Prior Annual Election \$ _____ New Annual Election \$ _____

Prior Pay Period Deduction \$ _____ New Pay Period Deduction \$ _____

Event

Explanation

Marriage/Divorce

Loss of Dependent Status

Change/Reduction in Hours

Termination of Employment

Return from Leave of Absence

Other

Employee Signature

Date

Office Use Only

MRA Effective Date	DCRA Effective Date	PIN
Reviewed By		Date

