



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Account, Limited Purpose Flexible Spending Account, and Dependent Day Care Account enrollment elections may not be rescinded on or after your effective date of coverage.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 Name:	HR / Payroll Staff Contact Email:

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

STEP 2: Election Changes			
	Change Account Election	New Payroll Deduction Amount	New Total Annual Deduction
Health Savings Account	<input type="checkbox"/> Yes	\$	\$
Health Care Flexible Spending Account	<input type="checkbox"/> Yes	\$	\$
Limited Purpose Flexible Spending Account	<input type="checkbox"/> Yes	\$	\$
Dependent Day Care Account	<input type="checkbox"/> Yes	\$	\$
Transit Account*	<input type="checkbox"/> Yes	\$	\$
Parking Account*	<input type="checkbox"/> Yes	\$	\$
*UW System and 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.

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