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**Dependent Care Mid-Plan Year Election Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
|  |  |  |  |
| Due to a lack of childcare service options resulting from COVID-19 precautions, effective April 1, 2020, I elect to change my annual contribution amount to: | | |  |
|  |  |  |  |
| **Signature:** |  | **Date:** |  |