REIMBURSEMENT (STD. 701R) FORM
CHECKLIST

CHECK SECTIONS COMPLETED BY THE EMPLOYEE (1 THRU 7) TO ENSURE THE FOLLOWING:

☐ Form is legible.

☐ "Open Enrollment" box is selected in section 1.

☐ Employee Social Security Number matches the employee's name.

☐ Form is signed and dated by employee (original signature required, e-signature is okay).

☐ Section 5 indicates the total monthly amount to be withheld from employee's paycheck and must be within the allowable range. **The amount listed should be what is deducted monthly, not the total annual amount.**

Reimbursement Account	Minimum Monthly Amount	Maximum Monthly Amount
Medical	$10	$266.66
Dependent Care	$20	$416.66

CHECK SECTIONS COMPLETED BY PERSONNEL OFFICE (8 THRU 20) TO ENSURE THE FOLLOWING:

☐ Effective date of action is 01-01-25.

☐ Permitting Event Date is blank.

☐ Permitting Event Code is blank.

☐ Form is signed and dated by Personnel Specialist.

☐ The Personnel Specialist contact phone number is legible.

☐ The agency's universal email is used and legible.

HELPFUL HINTS

☐ Those who do not have continuous employment such as LT or TAU positions may not enroll in reimbursement accounts, unless the employee has a mandatory right of return to a permanent position with a time-base that is half-time or more.

- ☐ Permanent Intermittent employees are not eligible to enroll in a Medical and/or Dependent Care Reimbursement Account.

- ☐ The maximum annual contribution amount for medical reimbursement accounts is $3,200 per year.

- ☐ The maximum annual contribution into a dependent care reimbursement account is $5,000 per household per year.

- ☐ **SCO cannot process forms received with passwords or combined in an Adobe XML or Adobe Portfolio document.** Please "Microsoft Print to PDF" the forms prior to upload to expedite processing.

- ☐ When sending revisions to a form already submitted for open enrollment processing, clearly mark the document as revised.

- ☐ Be sure to use the current form.

RESOURCES

- ☐ [Benefits Administration Manual (BAM)](#)
- ☐ [CalHR Open Enrollment Resources](#)