



SPECIAL OPEN ENROLLMENT REIMBURSEMENT (STD. 701R) FORM CHECKLIST

DETERMINE IF THE EMPLOYEE IS ALREADY ENROLLED IN DEPENDENT CARE REIMBURSEMENT ACCOUNT FOR THIS PLAN YEAR:

- ☐ Look for deduction/organization code 353 – 006 in employee's most recent regular pay warrant deductions.
- ☐ If deduction/organization code is not present and employee meets all other eligibility requirements as listed in the [CalHR Benefits Administration Manual](#), then they may enroll.
- ☐ If deduction amount is less than \$416.66, employee may enroll into a higher contribution amount. If the deduction amount is \$416.66 or higher, no action is necessary. Employee is already at the maximum contribution amount.

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

- ☐ Form is legible.
- ☐ "Open Enrollment" AND either "New enrollment" or "Change Due to Permitting Event" boxes are selected in section 1.
- ☐ Employee Social Security Number matches the employee's name.
- ☐ Form is signed and dated by employee (original or 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. Ensure the EE is not requesting over the maximum contribution by following this formula:

$833.33 - \text{current deduction amount} = \text{maximum contribution}$

Reimbursement Account	Minimum Monthly Amount	Maximum Monthly Amount
Dependent Care	\$20	\$833.33

- ☐ **Example:** EE current 352-006 deduction is \$100.00/month

$\$833.33 - \$100.00 = \$733.33$ (max amount allowed)

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

- ☐ Effective date of action is 07-01-25.
- ☐ CBID must be filled in.
- ☐ Time Base/ Tenure must be filled in.
- ☐ Permitting Event Date is blank.
- ☐ Permitting Event Code is blank.
- ☐ Agency Code must be filled in.
- ☐ Unit Code must be completed.
- ☐ Agency name must be filled in.
- ☐ For Remarks section, write **“2025 Special Open Enrollment”**
- ☐ 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 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.

RESOURCES

- ☐ [CalHR Special DCRA Open Enrollment Website](#)
- ☐ [Benefits Administration Manual \(BAM\)](#)