

1. Employee Information

Name: _____ Date: _____

SSN: _____ Signature: _____

Disclosure

The amount of the QRD will be the remaining unused portion contributed to the Medical Reimbursement Account, less reimbursement received by the date of distribution in the plan year of participation. Additionally, by making this request you will forfeit any right to additional reimbursement that would otherwise be available under the FlexElect Plan. The QRD amount will be included as taxable wages on your W-2 for the year in which the distribution is paid.

2. Personnel Office Use Only

I hereby certify under penalty of perjury as follows: That I am the duly appointed, qualified and acting officer of the herein named agency and that I am authorized to make this certification; that the employee named herein meets the Qualified Reservist Distribution requirements.

Agency Name: _____ Phone: _____

Personnel Officer Name: _____ Signature: _____

3. CalHR use only

QRD Date: _____ QRD Amount: _____

QRD Payment #: _____

Mail or fax form to: California Department of Human Resources
Benefits Division - FlexElect Program
1515 S Street, North Bldg., Suite 500
Sacramento, CA 95811-7258

Fax #: (916) 322-3769

PRIVACY NOTICE

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals.

Information requested on this form is used by the State Controller's Office and the plan administrator for the purposes of identification and document processing.

It is mandatory to furnish all information requested on this form. Failure to provide the mandatory information may result in QRD requests not being processed or being processed incorrectly.

The State Controller's Office requires employee's social security number and name for identification purposes. Legal references authorizing maintenance of this information include Government Code Sections 1151 and 1153, Sections 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act.

Copies of the QRD Request Forms are maintained in confidential files of California Department of Human Resources for five years. Employees have the right of access to copies of their QRD Request forms upon request.

Send requests to:

California Department of Human Resources
Benefits Division - FlexElect Program
1515 S Street, North Bldg., Suite 500
Sacramento, CA 95811-7258