



CPI

Spending & Commuter Benefits Renewal Form

Submit the completed form by one of the following methods:	Online Support	Mail
	Email to cpisupport@mycpiteam.com . If you have questions on your current plan, you can login to your portal to review.	CPI, 6421 Perkins Rd., Bldg. A, Suite 2A, Baton Rouge, LA 70808

CLIENT/EMPLOYER INFORMATION

Client/Employer Name:	Cochise County		
Primary Contact:	Jennifer Graeme		
Email:	jgraeme@cochise.az.gov	Phone Number:	(520) 432-9700
Address:	Address 1:	1415 W Melody Lane, Bldg F	
	Address 2:		
	City:	Bisbee	
	State:	AZ	Zip Code:

PLAN CHANGES

Plan Year Start Date:	2026	Plan Year End Date:	2027	Total Employee Count:	950
Renew my FSA and/or Commuter Plans:					
<input checked="" type="checkbox"/>	With NO changes other than IRS maximum limits. <i>If no other changes, move to bottom of page 2.</i>		<input type="checkbox"/>	With the changes indicated below. Effective Date: <i>If changes are required, please make selections and complete the required information below.</i>	

<input type="checkbox"/>	Change in Payroll Schedule <i>(Any changes REQUIRE the Payroll Frequency and Payroll Dates sections to be completed. Please include a copy of your payroll schedule. Please make sure to note which dates do not have benefit deductions.)</i>				
Payroll Frequency:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Biweekly (24)	<input type="checkbox"/> Biweekly (26)		
	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other		
Payroll Dates: <small>(Format: MM/DD/YYYY)</small>	1st Payroll Date (of plan year):	2nd Payroll Date:	Last Payroll Date:		
<input type="checkbox"/>	Change in Employer Contribution Schedule				
Employer Contribution Posting Frequency:	<input type="checkbox"/> Payroll Schedule (As per above Payroll Dates)	<input type="checkbox"/> Annual Schedule	<input type="checkbox"/> User Initialized		
	<input type="checkbox"/> Custom Schedule (Enter posting frequency):				
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<input type="checkbox"/> Change in Plan Elections			
	Plan Minimum	Plan Maximum	Employer Contribution Maximum
Healthcare FSA (HFSA)	\$	\$	\$
Limited Purpose Healthcare FSA (LPFSA)	\$	\$	\$
Dependent Care FSA (DCA)	\$	\$	\$
Transit Account (monthly limits):	\$	\$	\$
Parking Account (monthly limits):	\$	\$	\$
<input type="checkbox"/> Change in Plan Runout, Grace Period, Carryover, or Rollover			
Runout Period:	# of days from plan year end:	Grace Period: <i>(up to 2 months and 15 days)</i>	# of mo/days:
Grace Period: <i>(Not available for plans with Carryover)</i>	<input type="checkbox"/> Healthcare FSA	<input type="checkbox"/> Limited Purpose Healthcare FSA	<input type="checkbox"/> Remove from plan
	<input type="checkbox"/> Dependent Care FSA		
Carryover: <i>(year to year)</i>	<input type="checkbox"/> Amount \$	<input type="checkbox"/> Healthcare FSA	<input type="checkbox"/> Remove from plan
		<input type="checkbox"/> Limited Purpose Healthcare FSA	
Rollover: <i>(month to month)</i>	<input type="checkbox"/> Transit	<input type="checkbox"/> Parking	<input type="checkbox"/> Remove from plan
<input type="checkbox"/> Change in Plan Year:	Plan Start Date:	Plan End Date:	
<input type="checkbox"/> Loss of Eligibility: <i>(status changes to terminated, retired or LOA)</i>	<ul style="list-style-type: none"> • Allow claims to be filed with a date of service after ineligible • Allow ineligible participants to file claims for: _____ days following the 		
Additional Notes:			

Signature and Additional Items Needed

Payroll Schedule - Please send payroll schedule for this coming plan year.	
Enrollments - Enrollments for new plan year: <input checked="" type="checkbox"/> Demographic Template or Enrollment Form	
<input checked="" type="checkbox"/> Employer Portal	<input checked="" type="checkbox"/> File Feed - if choosing file feed, please include contact information
Name Frank Antenori Email Address humanresources@cochise.az.gov	
Signature:	Date: