

The California State University
DEPENDENT CARE/HEALTH CARE REIMBURSEMENT ACCOUNT PLANS
ENROLLMENT AUTHORIZATION

(REV. 07/2020) (REVERSE)

PRIVACY NOTICE

The Information Practice 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 program administrator, for the purposes of identification and account processing.

It is mandatory to furnish all information requested on this form except for employee's gender and marital status, which may be furnished on a voluntary basis. Failure to provide the mandatory information may result in the DCRA and/or HCRA enrollment action(s) not being processed or being processed incorrectly.

The State Controller's Office requires the 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.

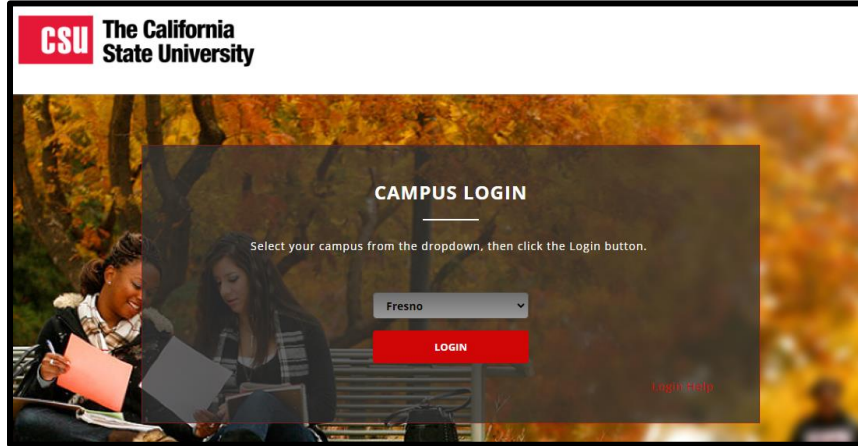
Information provided on the form will be forwarded to the Claims administrator. Copies of the Dependent Care/Health Care Reimbursement Account Plan(s) Enrollment Authorization Form(s) are maintained in confidential files of the State Controller's Office for five years. Employees have the right of access to copies of their Dependent Care and/or Health Care Reimbursement Account Plan(s) Enrollment Authorization forms upon request. The official responsible for the maintenance of the forms is: Chief of Personnel/Payroll Operations Bureau, State Controller's Office, P. O. Box 942850, Sacramento, California 94250-5878, Attention: Benefits Unit.

FRESNO STATE BENEFITS CSU MOVEit FILE UPLOAD PROCESS

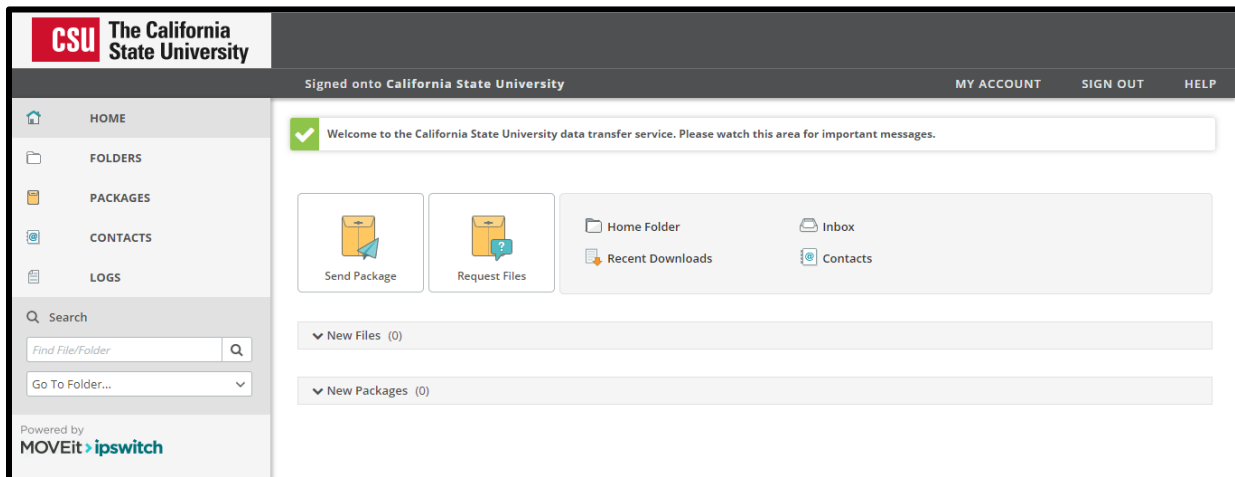
Please use the process below to upload your documents with Social Security Numbers to the Fresno State Benefits team.

Instructions

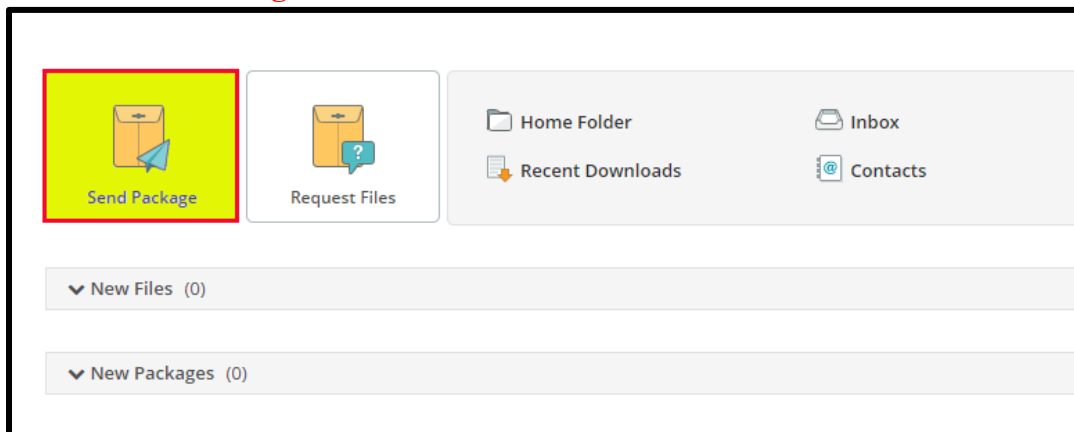
1. Log in to - <https://transfer.data.calstate.edu/> - using Fresno State credentials



2. Will be taken to a CSU MOVEit page

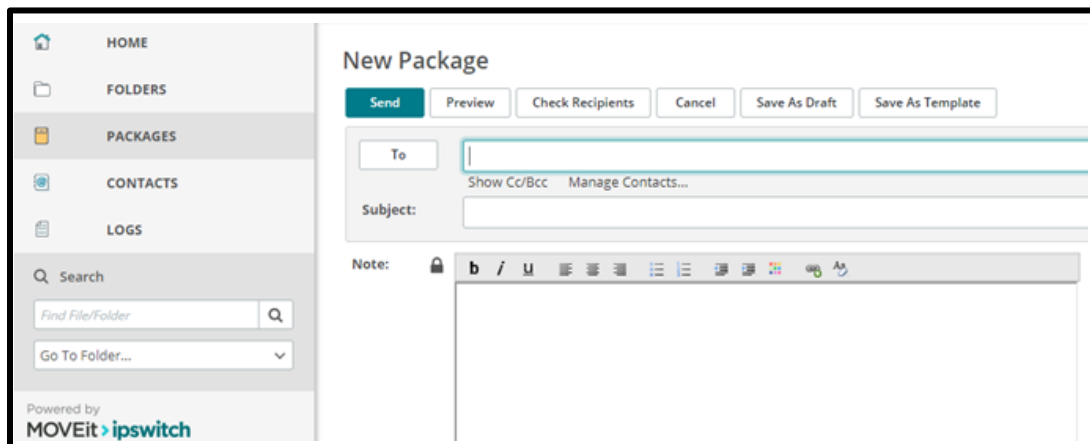


3. Select **"Send Package"**



4. Enter in → **To:** sarahconfer@csufresno.edu

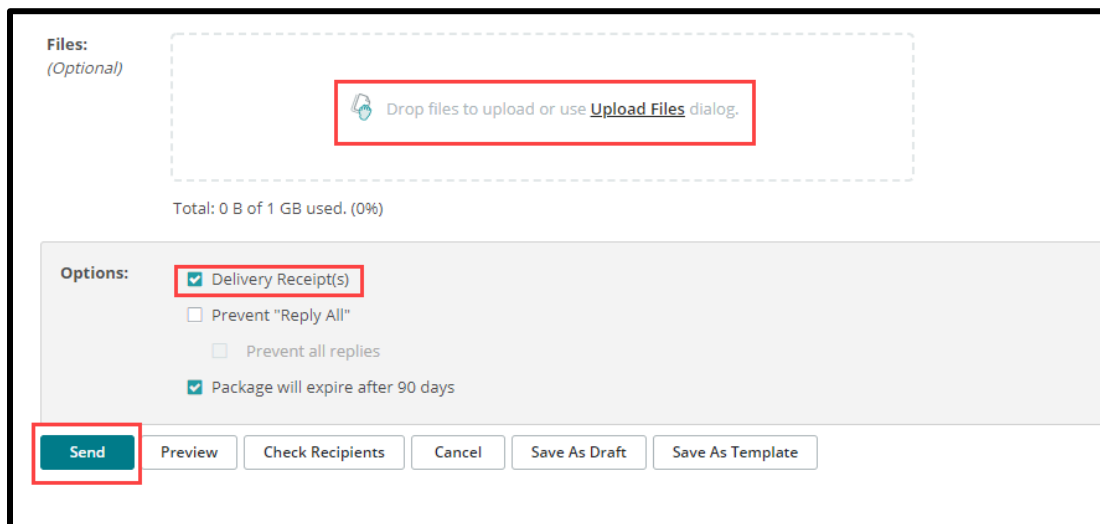
5. Please enter the **TYPE** of document submitting. Enter in → **Subject:** _____
EXAMPLE: Dependent Eligibility Verification (DEV), Fee Waiver, Family Status Change or New hire Benefits Worksheet, FlexCash, Parent-Child Relationship Affidavit, Catastrophic Leave Donations, HCRA/DCRA form.



6. Upload or “Drag& Drop” documents

7. Select “**Delivery Receipt**” under “**Options**” section

8. **Send**



NOTE: If you encounter an error message, you may need to clear your browser cache. Below is a link to assist with clearing browser cache, if needed.

[How To Clear My Cache](#) - This guide covers all browsers.