

Employee Name:	SSN:
_____	
Home Address:	
_____	
<i>Street/Apt. Number</i>	<i>City</i>
<i>State</i>	<i>&amp; Zip Code</i>
Email Address	Work Phone: (____) _____
_____	Date of Birth _____
<small>Required for FSA notifications</small>	Date of Hire _____
_____	_____

**ENROLLMENT:** This agreement is designed to conform to a Cafeteria Benefits Plan in accordance with Section 125 of the Internal Revenue Code of 1986. Its purpose is to authorize the election of eligible benefits, including any reduction in your salary required to allow your Employer to provide you with your selected benefits. Below are the Plan offerings from which you may select. For Flexible Spending Accounts, enter the dollar amount of your pay period deduction in the space provided. .

<input type="checkbox"/>	I elect to participate in the Flexible Spending Accounts this Plan Year	<b>Annual Election</b>	<b>Number of Pay Periods</b>	<b>Deductions Per Pay Period</b>
1.	Health Care Reimbursement Account (maximum election \$2,650)	\$ _____	÷ _____	= \$ _____
2.	Limited Health Reimbursement Account (HSA Participants Only) (maximum election \$2,650)	\$ _____	÷ _____	= \$ _____
3.	Dependent Care Reimbursement Account (maximum election \$5,000)	\$ _____	÷ _____	= \$ _____

☐ I DO NOT elect to participate in the Flexible Spending Accounts This Plan Year.

I understand that:

- Elections will be payroll deducted according to my Employer's deduction schedule.
- I may only change my Health Care Reimbursement Account election & Dependent Care Reimbursement Account election if I experience a Change in Status. Any changes allowed must be consistent with the change in status.
- Claims must be incurred during my coverage period. Claims may be submitted for 60 days after the last day of the Plan Year. Any monies remaining in the Reimbursement Accounts after February 28, 2018 will be forfeited, with the exception of any remaining election up to \$500.00 which will be rolled over to my 2019 Health Care Reimbursement Account.
- Prior to each Plan Year, I will have the opportunity to change my benefit elections for the upcoming Plan Year. If I do not complete and return a new enrollment form within the enrollment period preceding each Plan year, I will not be able to participate in the reimbursement accounts; All upcoming Plan Year insurance coverage elections, if applicable, will be deducted on a pre-tax basis.
- Rogers State University may modify this agreement in accordance with the IRS rules for Cafeteria Benefit Plans.

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_