MURRAY STATE UNIVERSITY 2014

WAGEWORKS ENROLLMENT APPLICATION AND DEDUCTION AUTHORIZATION
For Health Care and **Dependent** Care (Day Care) Flexible Spending Accounts

(Please Print Clearly)

Name_____ Social Security No. _____
(Last) (First) (MI)

Home Address _____ City _____ State _____ Zip _____

M#_____ Birthdate _____ Employment Hire Date _____
Month/Day/Year

E-Mail _____ Work Phone _____ Home Phone _____

Number of Paycheck Deductions during the Plan Year (circle): 10 12 20 24 Purpose (circle): Election Revision

Please Indicate Your Elections Below:

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

☐ I authorize a 2014 annual contribution of $_____ to be made to my Health Care Flexible Spending Account. This amount will be deducted from my pay on a pre-tax basis in equal amounts throughout the course of the plan year. The minimum annual contribution is $50 and the maximum contribution is $2,500 for the plan year.

DEPENDENT CARE (DAY CARE) FLEXIBLE SPENDING ACCOUNT

☐ I authorize a 2014 annual contribution of $_____ to be made to my Dependent Care (Day Care) Flexible Spending Account. This amount will be deducted from my pay on a pre-tax basis in equal amounts throughout the course of the plan year. The minimum annual contribution is $50 and the maximum contribution is $5,000 or $2,500 if married and filing a separate tax return for the plan year.

I understand by my participation in these accounts that . . .

1. I may not change or stop my contributions during the plan year unless my family or employment status changes (i.e., marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of employment of a spouse, unpaid leave of absence, etc.). Such a change in my election must be the result of, and consistent with, the event causing the election change, and must qualify under the terms and conditions of the plan which includes a thirty **(30) day limit** for changes outside of open enrollment. All changes must be submitted in writing within the 30 day limit to Human Resources.

2. IRS rules require that any amount not used for covered expenses under my Health Care Flexible Spending Account and Dependent Care (Day Care) Flexible Spending Account cannot be returned to me. I understand that I can incur claims on my Dependent Care Flexible Spending Account until December 31, 2014, that I can incur claims on my Health Care Flexible Spending Account until March 15, 2015, and that I have until May 31, 2015, to file claims under both flexible spending accounts.

3. If your employment is terminated mid-year, you have three (3) months from the Coverage End Date to submit claims for services incurred by the end of your coverage end date. You are eligible for COBRA for your Health Care FSA if you have a positive balance remaining in your Health Care FSA account at the coverage end date. Contact the HR Office regarding COBRA eligibility.

4. I have received and read all written materials provided to me describing the plans, and agree to the terms of participation set forth in the written materials.

_____ _____
Employee Signature *Date*

COMPLETE, SIGN, AND DATE THIS FORM
Return to Human Resources