



Good Fit Section 125 Flexible Spending Account (FSA)

Reimbursement Plan Election Form, **Fiscal Year 2011-2012**
for Eligible Out-of-Pocket Health Care & Dependent Care Expenses

HR Use Only

___ FDP

___ FMP

___ MAF

| Section A: Employee Information | | |
|---------------------------------|-------------|-----------------|
| Name: | SSN: | Effective Date: |
| Address: | Work Phone: | Department: |

Listed below are the benefits available under the plan, Unreimbursed Health Care and Dependent Care Expenses. Please indicate which benefits you wish to select by noting the amount you elect to contribute in the boxes below. Your selections will remain in effect for the plan year, or until a subsequent election form is filed, in accordance with the plan.

| Section B: Health Care Reimbursement | Section C: Dependent Care Reimbursement |
|---|--|
| <input type="checkbox"/> Monthly amount you want to contribute from your salary: \$ _____ <input type="checkbox"/> I elect The Essentials Plan <i>for myself only</i> so PLU will contribute \$75.00 monthly: <i>Whether or not you elect to make payroll contributions, PLU will contribute the excess contribution otherwise paid towards medical premiums - \$75.00 monthly starting June 1, 2011 through May 31, 2012 - to the reimbursement plan for employees who elect Group Health Essentials and who do not enroll any dependents.</i> \$ _____ <p style="text-align: center;">TOTAL MONTHLY CONTRIBUTION: \$ _____</p> <p><i>Minimum contribution is \$15/month</i> <i>Maximum contribution is \$300/month, which includes your contribution plus PLU's, if any</i></p> | <p style="text-align: center;">Monthly amount you want to contribute from your salary to Dependent Care Reimbursement:</p> <p style="text-align: center;">\$ _____</p> <p style="text-align: center;"><i>Minimum contribution is \$15/month</i> <i>Maximum contribution is \$416.66/month</i></p> |

| Section D. Signature |
|---|
| <p>1. I hereby authorize and direct payroll to deduct my salary in the amount necessary to pay for the coverages shown above in accordance with the Pacific Lutheran University's Reimbursement Plan. Such deductions, considered elective contributions under the plan, shall commence with my paycheck dated (Month) _____ (Year) _____ for the period which is the later of the upcoming Plan Year, which runs from June 1, through May 31 or the month following my paycheck noted above, through May 31.</p> <p>2. I also understand that the purpose of this program is to allow employees and retirees to select their qualified benefits within the guidelines of the Internal Revenue Code, Section 125. I have read the following:</p> <p style="padding-left: 40px;"><i>"My selection will remain in effect and cannot be revoked or changed during the plan year, unless the revocation and new election are on account of and consistent with a change in family status as defined by the IRS and includes things like marriage, divorce, death of a spouse or child, birth or adoption of a child, and change of employee and/or spouse's employment status." Financial hardship does not qualify as a change in family status.</i></p> <p>3. I understand the terms and conditions of participation in the plan, as outlined to me via the PLU's Good Fit Book available at www.plu.edu/humanresources</p> <p>Signature: _____ Date: _____</p> |