



Section 125 Flexible Spending Account (FSA)

Reimbursement Plan Election Form, **Jan 2021 - Dec 2021**
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:

Here are the benefits available under the plan: Unreimbursed Health Care and Dependent Care Expenses. Please indicate your benefits choice 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: <i>Minimum contribution is \$15/month</i> <i>Maximum contribution is \$229.17/month</i>	<input type="checkbox"/> Monthly amount you want to contribute from your salary: <i>Minimum contribution is \$15/month</i> <i>Maximum contribution is \$416.66/month</i>
TOTAL MONTHLY CONTRIBUTION: \$ _____	TOTAL MONTHLY CONTRIBUTION: \$ _____

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 Jan 1, through Dec 31 or the month following my paycheck noted above, through Dec 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: <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 enrollment benefits guidebook available on the Human Resources website.</p> <p>Signature: _____ Date: _____</p>