

CITY OF REDMOND

FLEXIBLE SPENDING ACCOUNTS ENROLLMENT FORM FOR PLAN YEAR JANUARY 1, _____ through DECEMBER 31, _____

CRD

Section I – Employee Information

Last Name, First Name _____		Employee SSN _____	
Address _____		City _____	St _____ Zip _____
Email _____	DOB (MM-DD-YYYY) _____	<input type="checkbox"/> New Enrollee <input type="checkbox"/> Renewal Enrollment	OFFICE USE ONLY Effective Date _____

Instructions

1. Complete Section I — Employee Information. Fill this section out completely to ensure proper enrollment.
2. Complete Section II — Elections. Indicate the accounts you will enroll in and the per plan year and per paycheck deduction amounts.
3. Complete Section III — Signature. Return the enrollment form to the appropriate contact by the specified deadline.

I understand that the rules of IRC Section 125 allow me to use part of my salary on a pre-tax basis to purchase one or more of the following qualified benefits. I hereby elect to participate in my employer's Section 125 Flexible Benefits Plan as indicated below.

Premium Conversion The group insurance premiums you pay through your paycheck	Automatic
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Section II – Elections

Benefit	Yes/No	Annual Election	No. of Paychecks	Paycheck Deduction
Health Care FSA Maximum of \$2,400.00 per plan year	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per plan year	24	\$ _____ per paycheck
Day Care FSA Maximum of \$5,000.00 per plan year (\$2,500 if married, filing separately)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per plan year	24	\$ _____ per paycheck
Direct Deposit Reimbursements are electronically deposited into your bank account	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Checking (23) <input type="checkbox"/> Savings (33)	Routing # _____ Account # _____	

This election form 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 federal regulations. I hereby authorize and direct my employer to reduce my salary by the amount necessary to pay for the benefit(s) as shown above for the plan year indicated above.

Section III – Signature

<input type="checkbox"/> YES, the above benefits have been explained to me and I elect to participate as indicated.
<input type="checkbox"/> NO, the above benefits have been explained to me and I decline participation.
X _____ Employee Signature Date _____

Completed enrollment form must be returned to:

3NHR by November 30th

Please see the reverse for important information regarding the above benefits

Additional Information for Premium Conversion

- If the enrollment status is marked as 'AUTOMATIC', you must notify your employer in writing to decline enrollment in this benefit. Premium Conversion is subject to the change in status rules and is considered an election equal to the amount of your premium deductions.

Additional Information for Health Care FSA

- Reimbursement for this benefit will only be for qualified medical care as set forth in the Plan Document and Section 213 of the Internal Revenue Code. It is your responsibility to check the eligibility of an expense prior to enrollment.
- Do not include the cost for any types of premiums in your annual election amount. Premiums cannot be reimbursed through the Health Care FSA and will be deducted pre-tax through the Premium Conversion.
- Most domestic partners will not meet the IRS Code 152 definition for a tax dependant and will not be eligible for coverage under the plan.

Additional Information for Day Care FSA

- Participation in a Day Care FSA will require you to complete tax form 2441 when filing federal taxes. If you or your spouse is a full-time student, please consult IRS Publication 503.
- If the Plan Year is less than twelve (12) months, the plan limit may be prorated to be less than the \$5,000 calendar year limit mandated by the IRS.

Additional Information for Premium Reimbursement

- Only qualified, individually-owned insurance policies are eligible for reimbursement. The employee must be covered under the policy. If the policy does not include the employee in the coverage, then it is not eligible for reimbursement.
- Life Insurance, Long-Term Care or COBRA premiums (for a dependent) are not eligible for reimbursement. A policy that builds cash value or allows for a refund of the premium, if the benefit is not utilized, is not a qualified policy.

Lost Checks and Reissues

- Lost or stale dated FSA checks can be reissued 10 business days after the original check date. There is a \$25.00 check reissue fee. The check reissue request will require at least one business day to process.

Direct Deposit

- All electronic funds transfers (EFT) will be initiated on the same day as the normal check reimbursement date. Deposits may take up to two (2) business days to appear in the designated account. The first reimbursement will be in the form of a check, to verify banking information.
- Returned items due to incorrect banking information will be assessed a \$10.00 fee.

Deductions

- FSA deductions will be deducted from your paycheck evenly throughout the plan year. You must indicate an annual election and a per paycheck deduction on your enrollment form.

Change in Status

- All elections set forth are considered irrevocable for the entire plan year unless there is a qualified change in status. Please consult the plan document for a list of qualifying events.
- The change in election must be consistent with the qualifying event. The Web site www.changeofstatus.com lists all the possible qualifying events.

Eligibility

- Any employee who is a 2%-Shareholder or greater of an S-Corporation, LLC, PLLC, Partnership or LP will not be eligible to participate in any aspect of a Section 125 plan.