

INDIANA STATE UNIVERSITY FLEXIBLE SPENDING ACCOUNT

Enrollment Application

EMPLOYEE:

Name _____

Address _____ Telephone Number _____

Email Address _____ Department _____ Extension _____

Male Female Other Single Married Date Employed _____

Employment Class: Faculty Exempt Non-Exempt University ID # _____

Date of Birth _____ FSA Effective _____

SPOUSE:

Name _____ Date of Birth _____

Participation in the Flexible Spending Account (FSA) reduces compensation by the total annual election.

I understand:

- *Contributions for this plan are taken before taxes are calculated. These funds help you pay for qualifying medical or dependent care expenses with pretax dollars.
- *these contributions reduce wages for Social Security purposes and may reduce Social Security disability/retirement benefits,
- *contributions will not earn interest in the FSA account,
- *the annual election can only be changed during open enrollment for the following year or with a change in family status, as determined by IRS regulations. Such changes must be made within 30 days after the qualifying event,
- *over the counter drugs are ONLY allowed as reimbursable items with a written prescription from your physician. Please take this into consideration when determining your annual spending account election.

Please read carefully!

The Run-Out Period for claims incurred during 2018 but submitted for reimbursement later must be done by **April 30, 2019**.

A **Grace Period** will allow funds left in the FSA Medical on December 31, 2018, to be used for expenses incurred in the first 2 ½ months of 2019 (through March 15, 2019). The FSA debit card **CANNOT** be used for these charges. The deadline to submit these claims is **April 30, 2019**

Please Note:

- *You must be enrolled in the PPO Health Plan to eligible for Medical FSA Account
- *The decision to enroll in a flex plan must be done on this form each year. The amount will not carry forward to the next year.
- *For 2018, the medical FSA yearly maximum contribution is limited to \$2,650. The maximum yearly FSA contribution for dependent care is \$5,000.

2018 Flexible Spending Account Election:

Total Annual Election: Medical Account _____ Dependent Care _____

Your annual election will be divided by the number of regular pays you will receive during the year.

Employee Signature _____ Date _____

(Typing your name here acts as your signature in an electronic version)

Staff Benefits Use

#Pays _____	Effective Date _____	Cancel Date _____
1st Pay FSA\$ _____	DCAS\$ _____	
Rem PAY FSA\$ _____	DCAS\$ _____	
Total FSA\$ _____	DCAS\$ _____	