



Benefit Services

Flexible Benefits Plan Election Form

Coverage Effective Date 01/01/2014

Name Last, First, Middle Initial _____

Social Security # _____ Hire Date _____

Street Address _____

City Zip Code _____ Birth Date _____

Email Address _____

City of Menasha Bi-weekly Payroll 26 payrolls per year

Health Care Election-Coverage to reimburse general-purpose medical, dental, and vision expenses for myself and my qualified individuals

Each Payroll Election Amount \$ _____ / Payroll deductions will be taken from each of the City's 26 pay periods. Annual Election will total the bi-weekly election multiplied by 26 to equal \$ _____

Dependent Care Election-Coverage to be reimburse work related day care expenses for qualified individuals

Each Payroll Election Amount \$ _____ / Payroll deductions will be taken from each of the City's 26 pay periods. Annual Election will total the bi-weekly election multiplied by 26 to equal \$ _____

Signature _____

DATE _____

- Yes, I elect to participate as indicated and have read, understand, and agree to the authorization and agreement conditions listed above and on the back of this form. This agreement allows the employee to redirect taxable compensation under IRS Section 125 to non-taxable Flexible Spending Account benefits. I hereby authorize my employer to make pre-tax payroll deductions in order to meet my annual election.
- No, I decline to participate at this time.

-Read the authorization agreement • Review your election for accuracy prior to submission
 • Retain a copy for your records

Authorization and Agreement

Important Account Information

- Contributions under this agreement are in addition to contributions under other benefit plans
- Prior to each Plan Year, eligible employees have the opportunity to make health care and/or dependent care flexible spending account (FSA) benefit elections. Failure to return a new election form during open enrollment will result in no FSA coverage for the next plan year
- The Plan Administrator may reduce, modify or cancel this agreement (your election) if the Plan Administrator believes such action is advisable in order to satisfy certain provisions of the Internal Revenue Code. You will be notified of any change
- Your Company's Plan Document governs all plan provisions
- Social security benefits may be reduced as a result of your pre-tax election
- Employees cannot change or revoke coverage election/contribution agreements mid-year unless a qualifying mid-year event permitting a consistent change has occurred. Review your Plan's Summary Plan Description (SPD) for details
- If coverage ceases due to an employment or an eligibility status change, you may be eligible to continue coverage under COBRA or a similar option. Refer to your Plan's SPD for details
- Dependent care expenses may be claimed as a pre-tax expense under a Dependent Care FSA or taken as a Child Care Tax Credit on your tax return, but the same expense cannot be claimed under both. For either tax advantage, tax Form 2441 must be completed and filed with your tax return. Refer to your Plan's SPD for details
- Qualifying health care expenses may be claimed as pre-tax expenses under a Health Care FSA, a Health Savings Account (HSA), or a Health Reimbursement Account (HRA), or taken as an income tax deduction for employees that itemize medical deductions, but the same expense cannot be claimed twice
- Employees and their spouses, who contribute or plan to contribute to a Health Savings Account (HSA) during the Plan Year, are not eligible for Traditional Health Care FSA. Employees with HSA coverage may elect a Limited-Purpose Health Care FSA option if available
- IRS Requirement – Retain Copies of ALL Documents for your own personal audit purposes
- Account information that is protected under HIPAA privacy rules will not be disclosed without your consent
- Reimbursement requests may be made for eligible health care and/or dependent care expenses under the respective account by submitting a proof of claim form documenting the requested service or expense within your coverage period. Refer to your Plan's SPD for details when claims must be submitted for reimbursement
- Direct deposit is available for reimbursement of claims submitted by proof of claim form. To set up direct deposit you will need to complete the Direct Deposit Authorization Agreement found on bmoflex.com. Direct deposit information is retained in your account until notice of change or cancelation is received.