Department of Human Resources
3640 Colonel Glenn Hwy
Dayton, OH 45435-0001
(937) 775-2120

Flexible Spending Account Election/Change Form

The university's Flexible Spending Account (FSA) program allows eligible employees to receive pre-tax reimbursement for certain medical, dental and vision expenses and for qualifying dependent care expenses. Your taxable income reported for both federal and state income tax purposes is reduced by the amount of your FSA contributions.

☐ Paid Monthly
☐ Paid Bi-Weekly

Name: ______________________ UID: U______________

Address: ______________ City: ____________ State: _____ Zip: _______

SSN: ______________ Date of Birth: ____________ Daytime Phone: ______________

Requested *Health Care* FSA Pre-tax Salary Reduction Amount*:

$____________ per pay period for ________ pay period(s)

**Minimum monthly contribution is $10.00 and the maximum monthly contribution is $910. The number of pay periods for bi-weekly paid employees is twenty-four (24); for monthly paid employees, twelve (12).*

Requested *Dependent Care* FSA Pre-tax Salary Reduction Amount:**

$____________ per pay period for ________ pay period(s)

***Minimum monthly contribution is $10.00 and the maximum **annual** contribution is $5,000. The number of pay periods for bi-weekly paid employees is twenty-four (24); for monthly paid employees, twelve (12).*

General Information Regarding Flexible Spending Accounts

- You cannot change the amount of your FSA election or stop FSA contributions during the year unless you experience a qualifying change in family status such as the birth of a child, marriage, divorce, death of your spouse or child, or a change in your or your spouse's employment. Changes to your FSA elections must be consistent with the family status change.
- ***Requests for FSA reimbursement must be filed by March 31 of the year following the year for which your FSA election is made.***

Information Specific to *Health Care* Flexible Spending Accounts

- **Any employee participating in a Health Savings Account (HSA) cannot elect a Health Care Flexible Spending Account.**
- This account is for medical, dental, and vision care expenses that are not reimbursed by a health insurance plan. You will only be reimbursed for eligible expenses. For a listing of eligible expenses, please check www.mycafeteriaplan.com and/or www.irs.gov.
- Health care expenses claimed for reimbursement must be *incurred* in the period for which you pledged and made FSA contributions or within a 2½-month grace period (through March 15th) after the end of the plan year.

Information Specific to *Dependent Care* Flexible Spending Accounts

- This account is for child and other dependent care expenses that allow you, and your spouse if you are married, to work or attend school full-time. The expenses must be for a child under age 13 or a physically or mentally disabled dependent at any age that lives with you at least eight hours a day. The individual must be claimed as a dependent on your federal income tax return.
- Dependent care expenses claimed for reimbursement must be *incurred* in the period for which you pledged and made FSA contributions.

Your Signature Confirms Your Agreement to the Following:

I acknowledge that I intend to file Form 2441 with the IRS including the name, address, and tax ID number of the provider of dependent care services and that if I have elected an FSA contribution of more than $2,500, that I am either unmarried or, if married, that I do not intend to file a separate federal tax return.

I authorize my employer to deduct the amount pledged from my salary, with the understanding that Wright State University acts as my agent in all dealings with the Plan and that all acts performed by and all notices given to Wright State University are binding upon me, as not prohibited by statute or regulation.

Signature ______________________ Date ______________________

E-mail address for confirmation: ______________________

Please ensure elections are taken correctly from your pay and contributed to your account by monitoring account activity at www.mycafeteriaplan.com. If any discrepancies are noted, please contact the Department of Human Resources as soon as possible at (937) 775-2120.

Employer Use Only	Reason for Change:	Date: