



Flexible Spending Account Election/Change Form

Human Resources
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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. **See the next page for important information about Flexible Spending Accounts.**

Employee Information:					
Last Name:		First Name, Middle Initial:		University ID:	
Department:		Date of Hire:		Social Security Number:	
Address:		City:		State:	Zip Code:
Date of Birth:		Daytime Phone:		Email Address:	

Health Care FSA* (Pre-tax deduction)

\$ _____ per pay period for _____ pay period(s) beginning pay date _____

Minimum monthly contribution is \$10.00 and the maximum **annual contribution is \$2,750.00. The annual number of pay periods for bi-weekly paid employees is twenty-four (24); for monthly paid employees, twelve (12). The number of pay periods should be adjusted in relation to the enrollment effective date.*

Dependent Care FSA** (Pre-tax deduction)

\$ _____ per pay period for _____ pay period(s) beginning pay date _____

***Minimum monthly contribution is \$10.00 and the maximum **annual** contribution is:*

- \$5,000.00 for married filing jointly
- \$2,500.00 for single or married filing separately

The annual number of pay periods for bi-weekly paid employees is twenty-four (24); for monthly paid employees, twelve (12). The number of pay periods should be adjusted in relation to the enrollment effective date.

Your Signature Confirms Your Agreement to the Following:

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

Employer Use Only								
Reason for Change:	Date:	<input type="checkbox"/> PDAEDN	0000 – Bargaining Faculty	0001 – Non-Bargaining Faculty	0002 – Classified Staff	0003 – Unclassified Staff	0005 – NTE	

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.
- **Reimbursement for qualifying expenses is only made via direct deposit.** To create an account and establish direct deposit, visit it <http://www.wright.edu/hr/benefits/mycafepplan.pdf> for instructions or visit www.myCafeteriaPlan.com.
- ***Requests for FSA reimbursement must be filed within 90 days following the end of the calendar year for which your FSA election is made.***
- 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.

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. Claims for reimbursement must be submitted to BusinessPlans within 90 days of the following year.
- If you have up to \$500 remaining in your account at the end of the plan year, these funds will rollover into the next year, allowing you until the end of the second year to utilize these dollars for expenses incurred in the second year.
- The carryover of up to \$500 does not count against or otherwise affect the indexed \$2,750 salary reduction limit applicable to each plan year.
 - For example, if you have \$500 remaining from year 2019, and you elect to contribute \$2,750 for year 2020, you have a total of \$3,250 to utilize during year 2020. Also, at the end of 2020, once again you have automatically carryover up to \$500 into year 2021.
- **Any employee enrolling in HDHP/HSA coverage for the following plan year must incur expenses and exhaust all funds in their Health Care FSA by December 15th of the current 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.