



Spending Account Election Form
New Election / Name / Address Change / Status Change
2012 PLAN YEAR—JANUARY 1 THROUGH DECEMBER 31, 2012

1. Personal Information (Complete all information. Please print.)

Employee Name: _____ Change: Yes No

Employee Address: _____ Change: Yes No

Employee Social Security Number: _____

Employee Birthday: _____ Hire Date: _____

(New employees have 30 days to enroll)

Email address: _____

2. Dependent Care Spending Account

- I choose to participate in a **Dependent Care Spending Account Maximum - \$5,000**, Minimum - \$300. I agree to reduce my salary per pay period by an amount of : \$_____ X 9 or X12 or X 24 pay periods
- I choose not to participate in a Dependent Care Spending Account.

My total election for the 2012 Plan Year is \$_____

I understand that my election cannot be more than my annual salary or my spouse's (if married), whichever is less and that reimbursement from all employer plans CANNOT exceed \$5,000 during a calendar year.

3. Medical Savings Account

- I choose to participate in a **Medical Savings Account Maximum - \$4,000**; Minimum – (none). I agree to reduce my salary per pay period by an amount of : \$_____ X 9 or X12 or X 24 pay periods
- I choose not to participate in a Medical Savings Account.

My total election for the 2012 Plan Year is \$_____

4. Signature

By signing this form, I understand that:

- ◆ My elections for the year cannot be changed unless my family circumstances change.
- ◆ Any money remaining in my account at the end of the year will be forfeited.
- ◆ The deductions I have elected are made in accordance with the Plan Document and will be deducted in equal installments from my paychecks.
- ◆ I agree to pay an administrative fee for participating in this plan in the amount of \$5.10 per month, this fee includes the issuance of 2 debit cards per participant. If you had an account last year new debit cards will not be issued.
- ◆ These elections will remain in place until December 31, 2012. You may change your election, effective January 1, 2013 during the open enrollment period that will be offered in October 2012.

Signature _____ Date _____

Please return this form to the Human Resource Management Department