



Bowling Green State University Benefits – 419-372-2112

Effective Date: _____

Payroll Date: _____

Printed Name _____ Social Security # _____
(Last) (First) (M.I.)

Date of Birth _____ Work Phone Number _____ BGSU I.D. # _____

Address _____
(Street) (City) (State) (Zip Code)

Employee Type: Classified Administrative Faculty

NOTE: **This election is made for a CALENDAR YEAR (January 1 – December 31).** This election is NOT made on an academic year or fiscal year (July 1 – June 30) basis. Your election cannot be changed during the calendar year unless you have a qualifying change in status as defined by the Internal Revenue Code.

Health Care Flexible Spending Account

Please indicate if you wish to participate in the Health Care Flexible Spending Account and the amount you wish deducted from your pay.

I choose to participate in the Health Care Flexible Spending Account. My annual election for 2010 is \$ _____. I understand this total will be deducted from my pay in equal amounts from each month in which I receive base pay during the year (Please enter a whole dollar amount between \$360 and \$3,000.)

Indicate how many times per year you are paid: 9 12 19 26

Please Note: If you are enrolled in a Bowling Green State University sponsored medical plan, claims will be automatically submitted to your Health Care Flexible Spending Account for deductible, co-payment, and co-insurance amounts. This feature may be turned off by completing the Automatic Rollover Waiver Form (included in your Welcome Kit).

Dependent Care Flexible Spending Account

Please indicate if you wish to participate in the Dependent Care Flexible Spending Account and the amount you wish deducted from your pay.

I choose to participate in the Dependent Care Flexible Spending Account. My annual election for 2010 is \$ _____. I understand this total will be deducted from my pay in equal amounts from each month in which I receive base pay during the year (A maximum of \$5,000 may be deposited into this account if you and your spouse are filing a joint IRS tax return, and a maximum of \$2,500 may be deposited into this account if you and your spouse are going to file separate tax returns.)

Indicate how many times per year you are paid: 9 12 19 26

I understand that:

- My signature below confirms my election choices for the **calendar year 2010** as indicated above.
- I may not change my elections during the plan year unless I have a qualified change in family status.
- I will lose any unused balance remaining in my Flexible Spending Account(s) at the end of the reimbursement period.
- ***If I work through the whole Plan Year, I must submit for reimbursement of services within the 2010 Plan Year by March 31, 2011. If I leave employment or terminate benefits due to a leave within the Plan Year, I have 90 days from the date of termination of employment and/or benefits to file for reimbursement of services received only during the months of the Plan Year that I was employed with BGSU or was covered for benefits.***

Signature _____

Date _____

This form must be submitted:

- Within 31 days of full-time hire date, or
- Within 31 days of a life status change, or
- By Open Enrollment deadline for new Plan Year.