



WWW.ASA.EDU

FLEXIBLE SPENDING ACCOUNT PLAN BENEFIT ELECTION FORM YEAR 2018

New Election

Election Change

Termination

I. EMPLOYEE INFORMATION:		Employee ID#
NAME: _____	SOCIAL SECURITY #: _____	
ADDRESS: _____	DATE OF BIRTH: _____	
CITY, STATE, ZIP: _____	HIRE DATE: _____	
HOME PHONE: _____	EFFECTIVE DATE: _____	

II. DEPENDENT CARE REIMBURSEMENT ACCOUNT		<input type="checkbox"/> Enroll	<input type="checkbox"/> Waiver
<p>You may elect to pay for your Dependent Care expenses or eligible babysitting with Pre-Tax dollars. You may elect to deposit up to up to \$5,000.00 annually in your Dependent Care Reimbursement Account. Once these expense items are claimed, payment of these expenses will be issued on a Pre-Tax basis, saving you Federal, State and FICA taxes. You will be issued a Flex Convenience Card to pay for these expenses. .</p>			
<p>Enter dollar amount to deposit per pay: _____ or \$ _____ annually.</p>			
<p>For the period beginning _____ through _____</p>			

III. MEDICAL CARE REIMBURSEMENT/WELLNESS PLAN		<input type="checkbox"/> Enroll	<input type="checkbox"/> Waiver
<p>This plan is a fund that will help you to save money on expenses that normally would not be paid by your traditional Health Insurance Plans and can be utilized to help offset your out of pocket Medical, Dental Vision and Rx expenses. Expenses are paid with Pre-Tax dollars. You may elect to Pre-Tax up to \$2,600.00 for the plan year. You will be issued an additional Flex Convenience Card to pay for these expenses at the time of purchase. Remember that if you are a current participant in the Medical Care Reimbursement Plan, and have a remaining balance, up to \$500.00 will be rolled forward into your new Plan Year. This money is in addition to any benefit election that you make at this time.</p>			
<p>Enter dollar amount to deposit per pay: _____ or \$ _____ annually.</p>			
<p>For the period beginning _____ through _____</p>			

IV. AUTHORIZATION (YOU MUST SIGN BELOW EVEN IF YOU HAVE ELECTED NOT TO PARTICIPATE)	
<p>I have read all of the enrollment material explaining this benefit plan. ASA College and I agree that my cash compensation will be redirected according to my elections. These elections shall be in addition to other agreements or benefit programs maintained by my employer. I cannot change or revoke my elections on this plan unless I have a qualified status change during the plan year. Prior to the first day of each plan year I will be offered the opportunity to change my elections for the following plan year.</p>	
<p>I understand that I must be able to provide receipt documentation upon request for any and all out of pocket expense costs as accessed through this plan.</p>	
Employee Signature: _____	Date: _____

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