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FLEXIBLE SPENDING ACCOUNT PLAN 2021 BENEFIT ELECTION FORM

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

I. EMPLOYEE INFORMATION

EMPLOYEE NAME: _____ SOCIAL SECURITY NO: _____
 ADDRESS: _____ CITY, STATE & ZIP: _____
 EMAIL: _____ EFFECTIVE DATE: _____
 DATE OF BIRTH: _____ DAYTIME PHONE: _____
 PAY CYCLE : WEEKLY BI-WEEKLY SEMI-MONTHLY OTHER: _____

II. DEPENDENT CARE REIMBURSEMENT ACCOUNT

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 NCA Benefits Card to pay for these expenses (if offered by your employer). You may arrange to have your Day Care claims issued automatically to you with only one annual claim filing.

Enter dollar amount to deposit per pay: \$ _____ or \$ _____ annually.

III. MEDICAL CARE REIMBURSEMENT/WELLNESS PLAN

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 **\$2,750.00** for the plan year. You will be issued a NCA Benefits Card to pay for these expenses (if offered by your employer). Remember that if you are a current participant in the Medical Care Reimbursement Plan, and have a remaining balance, **your company offers a 2 ½ month grace period to incur expenses**. This money is in addition to any benefit election that you make at this time.

Enter dollar amount to deposit per pay: \$ _____ or \$ _____ annually.

IV. AUTHORIZATION (YOU MUST SIGN BELOW EVEN IF YOU HAVE ELECTED NOT TO PARTICIPATE)

I have read all of the enrollment material explaining this benefit plan. My Company 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.

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.

Employee Signature

Date

Non scholae, sed vitae discimus!