Horace Mann
Founded by Educators for Educators

PayFlex

Health/Dependent Care Flexible Spending Accounts/Employer-Sponsored Benefit Coverage — Enrollment form

I. Personal information (Please print clearly and provide complete and accurate information.)

Your employer Big Spring School District # 123824 Plan year 07/01/2019 - 06/30/2020

Member # (SSN) _____ Email _____

Your name _____
(Last) (First) (MI)

Address _____

City _____ State _____ ZIP _____ - _____

☐ Check if this address is new within last year. Date of birth ____ / ____ / ____ Hire date ____ / ____ / ____ Phone _____

II. Election information (Please check the appropriate box to indicate if you wish to enroll, or do not wish to enroll, and sign below.)

☐ I wish to participate in the flexible spending account plan and employer-sponsored benefit coverage.

☐ I wish to participate in the flexible spending account plan only.

☐ I wish to participate in the employer-sponsored benefit coverage only.

☐ I do not wish to participate in the flexible spending account plan or employer-sponsored benefit coverage.

All fields must be complete in order to enroll in the plan

Benefit choices	Max amount	Per pay period amount		Number of pay periods		Plan year amount
Health Care Flexible Spending Account	$2,700	$_____.___	X	18	=	$_____.___
Dependent Care Flexible Spending Account (If married, $5,000 per household maximum)	$5,000	$_____.___	X	18	=	$_____.___

I understand that:

- This election can only be changed or revoked during the Plan Year if I have a change in status as defined in the Plan or if I am no longer eligible to participate. The new election must be consistent with my change in status, must be applied for within 30 days of the change, and is subject to final approval by my employer.
- This election will be automatically changed or cancelled, if necessary, to comply with provisions of the Internal Revenue Code or if required employer-sponsored benefit premiums increase or decrease.
- The maximum exclusion under a Dependent Care Flexible Spending Account for married individuals filing a joint return is $5,000 per calendar year ($2,500 if married filing separate) or, if less, my earned income or my spouse's earned income. IRS Form 2441 must be filed with my personal income tax return.
- Any amounts remaining in my flexible spending account(s) at the end of the Plan Year, including any applicable grace period, will be forfeited.
- Dependent care expenses paid or reimbursed through a salary reduction plan cannot also be used toward the child and dependent care credit on my federal income tax return.
- Salary contributed into one flexible spending account cannot be transferred and used for expenses in any other account.
- A new Enrollment Form must be completed each Plan Year. If I do not complete and return an Enrollment Form during Open Enrollment, I forfeit the opportunity to participate in the Benefit Choices outlined above.
- Medical insurance premiums or medical expense paid or reimbursed through a salary reduction plan cannot also be deducted on my federal tax return.
- If my employment terminates, only medical expenses incurred through my period of coverage as defined in the Plan can be considered for reimbursement.
- All claims submitted for reimbursement are subject to substantiation requirements and I am required to, and agree to, provide documentation as requested.
- If using the PayFlex Debit Card, I agree to use the card for eligible expenses only and retain all itemized receipts/statements. I agree to read and adhere to the cardholder statement I receive with the card and I understand the card is subject to inactivation if I do not comply with the provisions or upon termination of employment.
- Any expenses for which I claim reimbursement will not have been nor will I seek to have reimbursed elsewhere.
- Contributions and/or premiums for listed benefits will automatically be reduced from my compensation on a pre-tax basis until this election is amended or terminated or the Plan Year ends.

III. Pre-Authorization for Direct Deposit (If you are already enrolled in direct deposit or do not wish to do so, ignore this section.)

☐ I authorize PayFlex Systems USA, Inc. to initiate a credit and/or debit entry to my account for my PayFlex reimbursements. This agreement is to remain in full effect until written notification is supplied by me to PayFlex terminating this agreement.

A "VOIDED" CHECK MUST ACCOMPANY DIRECT DEPOSIT APPLICATION

IV. Employee signature

Employee signature _____ Date _____