

**North Park University
2024 Flexible Spending Account Election Form**

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|---------------------------|
| Name: |
| Employee ID number: |
| Birth Date: |
| Effective Date of Change: |

If you are electing optional coverages, this form must be returned to the Human Resources Department prior to the end of the enrollment period. To change your levels of coverage, this form must be submitted to your Human Resources Department within 31 days from the date of the qualifying event.

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|--|----------|-----------------------|----------|
| <u>Initial Annual Election</u> | | | |
| <u>Health Care Reimbursement Account (\$3,200 Annual Maximum)</u> | | | |
| Annual Election Amount | \$ _____ | Deduction Per Payroll | \$ _____ |
| <u>Dependent Care Reimbursement Account (\$5,000 Annual Maximum)</u> | | | |
| Annual Election Amount | \$ _____ | Deduction Per Payroll | \$ _____ |

You may carry over up to \$610 for the healthcare FSA into the new year. Any money not used by December 31 for the dependent care account is forfeited.

Family Status Election Change

Check one of the following:

- | | |
|--|---|
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> Birth/adoption of child | <input type="checkbox"/> Death of spouse or child |
| <input type="checkbox"/> Commencement of spouse's employment | <input type="checkbox"/> Termination of spouse's employment |
| <input type="checkbox"/> Spouse changing from part-time to full-time employment or from full-time to part-time employment | |
| <input type="checkbox"/> Employee or spouse taking an unpaid leave of absence | |
| <input type="checkbox"/> Any significant change in health coverage of the employee or the spouse due to changes in the spouse's employment | |

IMPORTANT NOTICE TO APPLICANTS

- I authorize the pre-tax payroll deduction listed above.
- I understand that the above payroll deduction will be in effect for the remainder of the calendar year.
- I can only make changes during the open enrollment period unless a qualifying event occurs, as described above.
- I understand I can only submit claims for reimbursement that are incurred during the current year while employed at North Park University.

Employee Signature _____ Date _____

Benefits Approval _____ Date _____