

HR Office Use Only:
Effective Date _____

**UNIVERSITY OF NEW MEXICO
FLEXIBLE SPENDING ACCOUNTS
DEPENDENT CARE ENROLLMENT FORM
NOTE: THIS FORM IS FOR CHILD CARE REIMBURSEMENT ONLY**

SOCIAL SECURITY NUMBER _____ STATUS Single Married Domestic Partner

UNM ID: _____

LAST NAME _____ FIRST _____

Street address including apartment number if applicable _____

City, State, Zip _____

Home telephone _____

Department name _____

Work telephone _____

I will be submitting dependant reimbursement claims for the following legal dependents:

DEPENDENT CARE REIMBURSEMENT ACCOUNT AUTHORIZATION FORM

I would like to contribute \$ _____ biweekly/monthly for a yearly total of \$ _____. **DO NOT INCLUDE AMOUNTS OF ANY OF YOUR HEALTH, DENTAL AND/OR VISION PREMIUMS AS PART OF THIS FIGURE.** (Maximum year amount \$5,000). I understand that this choice cannot be changed during the plan year, unless I have a qualifying change of family status.

I hereby authorize the necessary withholding from my pay to make the contribution indicated. I further understand that if I fail to use all my contributions to reimburse myself for eligible expenses incurred during the plan year, I will forfeit the remaining amount, as required by the Internal Revenue Code Section 125.

Signature _____ Date _____

Complete this form and deliver to the Human Resources Service Center, 1700 Lomas NE, Suite 1400, Albuquerque, New Mexico 87131-3186 **NO LATER THAN THE OPEN ENROLLMENT DEADLINE OR WITHIN 60 DAYS OF ELIGIBILITY.** If you are enrolling during the Plan Year, be sure your election reflects your contributions from the date the enrollment form is signed through December 31.