

HR Office Use Only:

Pay Periods Remaining in the Year _____ Effective Date _____

Date of Hire _____

2017

UNIVERSITY OF NEW MEXICO FLEXIBLE SPENDING ACCOUNT (FSA) ENROLLMENT FORM

SOCIAL SECURITY NUMBER _____

UNM BANNER ID _____

LAST NAME _____

FIRST NAME _____

DATE OF BIRTH _____

Street address including apartment number if applicable _____

City, State, Zip _____

Telephone Number _____

1. **Indicate Reason for Enrollment** *New Enrollment* *Or* *Qualifying Life Event*

NOTE: Be sure your Annual Election Amount reflects your contributions from the first of the next month after the enrollment form is submitted to HR Service Center, through December 31.

2. **Complete Election Choices**

HEALTH CARE FSA ACCOUNT (Maximum Annual Election Amount is \$2,600)

Select your Annual Election Amount. \$ _____
Starting with the first of next month, how many months remain in the year? _____
Divide your annual election amount by the number of months remaining in the year. \$ _____
This is the amount that will be taken from each of your paychecks. (For bi-weekly employees, divide this number by two.)
(Do not include any of your Health, Dental and/or Vision premiums as part of this figure.)

DEPENDENT CARE FSA ACCOUNT (Maximum Annual Election Amount is \$5,000)

Select your Annual Election Amount. \$ _____
Starting with the first of next month, how many months remain in the year? _____
Divide your annual election amount by the number of months remaining in the year. \$ _____
This is the amount that will be taken from each of your paychecks. (For bi-weekly employees, divide this number by two.)
(This plan does not reimburse for medical, dental or vision expenses.)

I understand that this choice **cannot be changed** during the Plan Year, unless I have a Qualifying Life Event.

I would like a SHDR Benefit Access Visa® Debit Card for FSA expenses. *Two cards will be issued.*

3. **Sign and Date Form**

I hereby authorize the necessary withholding from my pay to make the contribution as indicated. I further understand that if I fail to use all my contributions for eligible expenses incurred during the Plan Year, I will forfeit the remaining amount, as required by the Internal Revenue Code Section 125. I understand that this choice **cannot be changed** during the Plan Year, unless I have a Qualifying Life Event.

Signature

Date

Complete this form and deliver to the Human Resources Service Center, 1700 Lomas NE, Suite 1400, Albuquerque, New Mexico 87131-3186 OR FAX TO 505-277-2278 **WITHIN 60 DAYS OF INITIAL ELIGIBILITY or WITHIN 60 DAYS OF A QUALIFYING LIFE EVENT.** *Benefit elections are effective the 1st of the month after the enrollment is received and approved by the Benefits Department.*