



BENEFITS

HR Benefits Office Use Only: # Pay Periods Remaining in the Year: _____ Effective Date _____ Date of Hire _____
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2019 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, 2019.

2. Complete Election Choices Below:

HEALTH CARE FSA ACCOUNT (Maximum Annual Election Amount is \$2,700)

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 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 understand that prior to enrolling in FSA, I am responsible for reviewing applicable plan rules to include IRS "use it or lose it" provisions, specific claims submission deadlines, IRS allowable eligible expenses and eligible dependent rules.

I understand that per Internal Revenue Code Section 125 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 secure FAX TO 505-277-2278 WITHIN 60 CALENDAR DAYS OF INITIAL ELIGIBILITY or WITHIN 60 CALENDAR 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.