



# University of Missouri

## 2019 Flexible Spending Account Enrollment & Change Form

Plan Year: January 1, 2019, through December 31, 2019

Employee Last Name	Employee First Name	MI	Employee ID
Street	City	State	Zip Code
Email Address		Campus Phone	Pay Cycle: <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly

### FLEXIBLE SPENDING ACCOUNT INSTRUCTIONS

- You must enroll every year for the Health and/or Dependent Care Flexible Spending Accounts (FSAs); your enrollment will not continue from one plan year to the next.
- Choose carefully as your election is binding for an entire plan year unless you experience a Qualified Family/Employment Status Change that would allow you to change your election.
- Any unused dollars remaining in your FSA account(s) at the end of the plan year will be forfeited.
- **Complete and return this form to your campus contact no later than October 26, 2018, for the 2019 Annual Enrollment period, or within 31 days from your date of hire or qualified event.**
- Changes to FSA elections may have specific requirements or restrictions and must be consistent with the Qualified Family/Employment Status Change. Proof of relationship and / or status change documentation must be submitted to your HR Generalist within 31 days from the date of the event.

#### I. Type of Qualified Status Change

Date of Status Change \_\_\_/\_\_\_/\_\_\_

*Please check one:*

- |   |  |
|---|--|
| <input type="checkbox"/> Annual Enrollment<br><input type="checkbox"/> New hire enrollment<br><input type="checkbox"/> Marriage<br><input type="checkbox"/> Divorce or annulment<br><input type="checkbox"/> Began Family Medical Leave Act<br><input type="checkbox"/> Ended Family Medical Leave Act<br><input type="checkbox"/> Became eligible for Medicare or Medicaid coverage<br><input type="checkbox"/> Lost eligibility for Medicare or Medicaid coverage<br><input type="checkbox"/> Judgment, decree or court order | <input type="checkbox"/> Death of spouse or dependent<br><input type="checkbox"/> Dependent is no longer a qualified tax dependent<br><input type="checkbox"/> Change in employee's or dependent's employment status<br><i>Was it the spouse's status that changed?</i><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Birth, adoption or placement of adoption of a child <input type="checkbox"/><br>Child turned age 13 (Dependent Care FSA only) <input type="checkbox"/><br>Change in cost of care (Dependent Care FSA only) |
|---|--|

#### II. Enrollment and Election Changes

HEALTH CARE	ACTION	ANNUAL CONTRIBUTION AMOUNT (Maximum = \$2,650 Minimum = \$50)
Covers eligible health care expenses for you and your federal tax dependents.	<input type="checkbox"/> Enroll <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Current <b>ANNUAL</b> Pledge \$ _____ New <b>ANNUAL</b> Pledge \$ _____ I understand my Annual Pledge will be divided equally over the remaining number of paychecks in the current calendar year. DO NOT enter a pay period amount.

DEPENDENT CARE	ACTION	ANNUAL CONTRIBUTION AMOUNT (Maximum = \$5,000 Minimum = \$50 For married individuals filing separately, maximum = \$2,500)
Covers eligible daycare expenses so you can work or go to school full-time. DOES NOT include medical expenses for your federal tax dependents.	<input type="checkbox"/> Enroll <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Current <b>ANNUAL</b> Pledge \$ _____ New <b>ANNUAL</b> Pledge \$ _____ I understand my Annual Pledge will be divided equally over the remaining number of paychecks in the current calendar year. DO NOT enter a pay period amount.

- Pay period deductions are calculated as follows:
  - Biweekly paid: Annual Pledge divided by 24
  - Monthly paid (including faculty paid over 12 months): Annual Pledge divided by 12
  - 9 month faculty paid over 9 months: Annual Pledge divided by 9. No deductions will be taken from June through August even if there is summer pay.
- Reimbursements from the Flexible Spending Account can be direct deposited into your checking or savings account. If you would like to establish direct deposit, or elect to receive email notifications when your reimbursements have been processed, you can provide that information to ASIFlex online or the applicable form can be downloaded at [www.asiflex.com](http://www.asiflex.com).
- You do not need to set up the direct deposit or email account with ASIFlex if you are currently enrolled in a Flexible Spending Account(s) with direct deposit and/or email notifications unless you wish to make a change to the account in which your reimbursements are deposited or change the email address to which you receive notifications.

### III. Authorization and Acknowledgements

*I authorize the above adjustments to my base annual salary and payroll deduction from my salary on a pre-tax basis. I understand that by submitting this election, I am making an irrevocable election for the 2019 plan year unless I incur a Qualified Family/Employment Status Change as defined in the Flexible Benefits Summary Plan Description (SPD), which allows me to make a change in my contribution amount. The FSA SPD can be found on the University of Missouri System Total Rewards webpage, (<http://umurl.us/fsa>).*

\_\_\_\_\_  
Signature (original, non-electronic)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee ID Number

**Please return this completed form to your HR Generalist.**

#### **CAMPUS CONTACT INFORMATION**

Columbia, System and Hospital Campus  
HR Service Center (573) 882-2146  
Fax: (573) 882-9603  
[hrrservicecenter@umsystem.edu](mailto:hrrservicecenter@umsystem.edu)

Rolla Campus  
Phone (573) 341-4241  
Fax: (573) 341-4984  
[benefits@mst.edu](mailto:benefits@mst.edu)

Kansas City Campus  
Phone (816) 235-1621  
Fax: (816) 235-5515  
[benefits@umkc.edu](mailto:benefits@umkc.edu)

St. Louis Campus  
Phone (314) 516-5805  
Fax: (314) 516-6463  
[umslbenefits@umsl.edu](mailto:umslbenefits@umsl.edu)