

==OPEN CHANGE 2010==

**HEALTH CARE and/or DEPENDENT CARE
FLEXIBLE SPENDING ACCOUNT ELECTION**

Employee Name: _____ **University ID:** _____
(First, Middle, Last)

Health Care and/or Dependent Care Flexible Spending Account Election: I understand that the Spending Accounts will not pay me interest nor will any unspent funds be returned to me at the end of the year. I also understand that once I make this election it may be changed for the next plan year only during the limited open change period. Mid-year changes may be allowed if there is family or job status change (eligibility determined by IRS regulations). I have until **March 31st** of the following calendar year to turn in eligible spending account expenses for the current year; any balance remaining in my account after that date will be forfeited.

Health Care Flexible Spending Account

I elect to participate in the Health Care Flexible Spending Account.
\$ _____ per pay period = \$ _____ per month
(Minimum = \$20/month)
\$ _____ Annual (Maximum = \$5000/yr)

Dependent Care Flexible Spending Account

I elect to participate in the Dependent Care Flexible Spending Account.
\$ _____ per pay period = \$ _____ per month
(Minimum = \$20/month)
\$ _____ Annual (Maximum = \$5000/yr)

I wish to END participation
I understand I may elect to participate only during the next enrollment time and I will not have a Health Care Flex account in 2010.

I wish to END my participation
I understand I may elect this coverage at a later date due to a qualifying change in family status and I will not have a Dependent Care Flex account in 2010.

Premium Conversion Notice: If electing Health and/or Dependent Care Flexible Spending Accounts all premiums will be a pre-tax deduction. If you are ending flex participation you may elect to stop pre-tax deductions for other premiums.

“I am ending flex participation and prefer post-tax premium deductions. I understand this will likely increase my tax withholding”. _____ (Check line to switch to post-tax deductions, mid-year change is not allowed).

I am currently paid **1 or 2 times** (circle one) per month. Please indicate if you have an odd appointment _____
9/10 working months/year.

Print form, sign and return to Human Resources Service Center, 3810 Beardshear Hall before 11/23/2009.

Signature: _____ Date: _____