



enmu.edu

Flexible Spending Account 2015 Enrollment

Office of Human Resources

ENMU Station 21 • Phone: 575.562.2115 • Fax: 575.562.2547

Employee Information

Name: _____

Social Security number: _____ Phone number: _____

Home address: _____
Street City State ZIP

Birthdate: _____ Date of hire: _____

Effective date of enrollment: _____ First payroll date: _____

Spouse name: _____ Date of birth: _____

Dependent name: _____ Date of birth: _____

Dependent name: _____ Date of birth: _____

Dependent name: _____ Date of birth: _____

Benefit Election and Authorization

I elect to allocate the following amounts on a per pay-period basis to purchase the benefits chosen below.

- Dependent Care Reimbursement Account**
Flexible Spending Account for reimbursement of employment-related dependent care expenses

Election Per Pay Check	X Number of Pay Days (24)	= Annual Election
\$	x24	\$

- Medical Expense Reimbursement Account**
Flexible Spending Account for reimbursement of health-related expenses

Election Per Pay Check	X Number of Pay Days (24)	= Annual Election
\$	x24	\$

Totals:

Election Per Pay Check	X Number of Pay Days (24)	= Annual Election
\$	x24	\$

By signing below, I understand: I am authorizing my employer to reduce my compensation by the amounts specified. I understand I am not permitted to change my elections during the plan year unless the change is because of, and in accordance with, certain recognized IRS regulations of Change in Status events. In the case of a Change of Status event, I must apply for such change within 30 days of the change. I also understand any unexpended amounts remaining over \$500 from my Program Allocations after the close of the plan year will be forfeited in accordance with rules and regulations established by the IRS. I also understand that if my employment terminates, only expenses up to and including my date of termination may be reimbursed

Employee signature: _____ Date: _____

Waiver

- Waiver of Participation**

After careful consideration, I have chosen not to participate in the Flex Plan for the current plan year.

Employee signature: _____ Date: _____