

2025 Flexible Spending Account Enrollment/Change Form

Follow these easy steps:

1. Complete all entries on this Enrollment Form.
2. Sign and date this form.
3. Submit it to your university's Human Resources Department

For Employer Use

Date of Hire (MM/DD/YYYY)	<input type="text"/>
Benefits Effective Date (MM/DD/YYYY)	<input type="text"/>

Personal Information

Employee Name (last name, first name)	<input type="text"/>	Personnel Number	<input type="text"/>
Street Address (cannot be PO Box)	<input type="text"/>	City, State, Zip Code	<input type="text"/>
Mailing Address (if different)	<input type="text"/>	City, State, Zip Code	<input type="text"/>
Day Time Phone Number	<input type="text"/>	Email Address	<input type="text"/>
Date of Birth (MM/DD/YYYY)	<input type="text"/>	Enrollment Status	<input type="checkbox"/> New <input type="checkbox"/> Revised
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			

Health Care Flexible Spending Account (HCFSAs)

Day Care Flexible Spending Account (DCFSA)

<input type="checkbox"/> Select HCFSAs	<input type="checkbox"/> Decline/Stop HCFSAs	<input type="checkbox"/> Select DCFSA	<input type="checkbox"/> Decline/Stop DCFSA
I. Annual Contribution/Revised Contribution (Maximum Contribution: \$3,200*)	<input type="text"/>	I. Annual Contribution/Revised Contribution (Maximum Contribution: \$5,000*)	<input type="text"/>
II. Number of regular pay periods	<input type="text"/>	II. Number of regular pay periods	<input type="text"/>
III. Contribution per pay period (I divided by II)	<input type="text"/>	III. Contribution per pay period (I divided by II)	<input type="text"/>

Authorization and Certification

I understand that:

- I am authorizing my employer to reduce my compensation by the amount specified. This election will expire at the end of the plan year, and I must make a new election each year.
- I am not permitted to change my elections during the plan year unless the change is due to and in accordance with certain recognized IRS regulations for change in status events.
- I must report any administrative errors to my payroll administrator or human resources department within 10 days of my first payroll deduction of the plan year.
- Funds left in my Dependent Care Account at the close of the plan year will be forfeited. Funds left in my Health Flexible Spending Account may be forfeited, per plan rules. See plan documents for more details.

I will receive an Optum Financial Payment Card to access funds in my account. I certify that:

- The card will only be used for eligible medical and/ or dependent care expenses.
- Claims I pay with the card have not been reimbursed and I will not seek reimbursement from any other plan covering health or dependent care benefits.

Employee Signature

Date

*Health FSA contributions are limited by the IRS. The limit is per person; a married couple may each contribute up to the specified limit depending upon tax filing status for year 2025.