FLEXIBLE SPENDING ACCOUNTS/HEALTH SAVINGS ACCOUNT
2008 ENROLLMENT FORM
(Please Print)

Select your Enrollment Type: ☐ New Hire ☐ Qualifying Status Change ☐ Open Enrollment

SSN: _____ People First ID: 0 0 _____

Name: _____ Agency: _____

Complete Mailing Address: _____

Work Phone: ( ) _____ Home Phone: ( ) _____ Sex (M/F): ____ Birth Date: ____/____/____

PART 1: To enroll for the first time:

Medical Reimbursement (MRA) (plan code 2000)

☐ I choose to participate in the MRA and deduct:

$ _____ (annual amount)

for the remainder of the Plan Year

Dependent Care Reimbursement (DCRA) (plan code 2100)

☐ I choose to participate in the DCRA and deduct:

$ _____ (annual amount)

for the remainder of the Plan Year

Limited Purpose MRA (LPMRA) (plan code 2300)

☐ I choose to participate in the Limited Purpose MRA and deduct:

$ _____ (annual amount)

for the remainder of the Plan Year

Health Savings Account (HSA) (plan code 2200)

☐ I choose to participate in the HSA and:

☐ Elect to have only Employer contributions

☐ Elect the following contribution amount

$ _____ (annual amount)

for the remainder of the Plan Year

REFER to the back of this form for amount limits and HSA Enrollment requirements.

PART 2: To change an existing account(s):

- I have or will experience a Qualifying Status Change in family status or employment on (mm/dd/yyyy): ____/____/____
- My Status Change is (describe event): _____
- Therefore, I wish to make the following change (Check the ✓ appropriate plan and action, then enter new annual dollar amount. Use the second column for an additional change.):

☐ MRA ☐ DCRA ☐ LPMRA ☐ HSA

☑ Action	Amount
☐ Increase my annual amount	$ _____
☐ Decrease my annual amount	$ _____
☐ Deduct this amount for remainder of plan year	$ _____

☐ Stop participation (must complete Medical Reimbursement Account - Termination of Employment form)

☐ MRA ☐ DCRA ☐ LPMRA ☐ HSA

☑ Action	Amount
☐ Increase my annual amount	$ _____
☐ Decrease my annual amount	$ _____
☐ Deduct this amount for remainder of plan year	$ _____

☐ Stop participation (must complete Medical Reimbursement Account - Termination of Employment form)

PART 3: EMPLOYEE CERTIFICATION

The People First Service Center will determine if your request is consistent with federal provisions. If you are changing from a prior election, the new amount you elect should be the total dollar amount of ALL contributions you want deducted for the entire Plan Year.

I authorize the amount(s) elected to be deducted from my salary or wages on a pre-tax basis. I understand that I will forfeit any balance remaining in my Medical Reimbursement Account and/or Dependent Care Reimbursement Account at the end of the Plan Year, in accordance with the Internal Revenue Code Section125, if eligible expenses are not incurred during my eligible period of participation equal to the account balance and if claims for expenses are not filed with the People First Service Center by the claims filing deadline date following the Plan Year (April 15).

I further understand my enrollment and/or changes are IRREVOCABLE unless I have a Qualifying Status Change as defined by the Federal Internal Revenue Code and/or the Florida Administrative Code. I understand I must request such a change within thirty-one (31) calendar days of the Qualifying Status Change.

Employee Signature: _____ Date: _____

Flexible Spending Account/Health Savings Account Participation Plan Provisions

- The Plan Year is January 1 through December 31.
- The amounts elected are for the:
  - current Plan Year if new enrollment or Qualifying Status Change
  - following Plan Year if Open Enrollment
- Deductions are based on the number of payroll cycles remaining in the respective Plan Year.
- The effective date of your enrollment is the date this properly completed form is received by the People First Service Center.
- Only claims for expenses incurred on or after the effective date will be eligible for reimbursement.
  NOTE: The effective date for claim submission for the HSA is the date the account is approved by the custodian.
- FSA Limits:

FSA Type	Maximum Annual Amount	Minimum Annual Amount
Medical Reimbursement Account	$5,000	$60
Dependent Care Reimbursement Account	$5,000 (if single or married filing jointly) $2,500 (if married filing separately)	$60
Limited Purpose Medical Reimbursement Account	$5,000	$60

- HSA Limits:

HSA Type	Maximum Allowable Contribution	Maximum State Contribution Amount	Employee Contribution Amount	Minimum Annual Amount
Single Coverage	$2,900	$500	$2,900 minus State Contribution	$0
Family Coverage	$5,800	$1,000	$5,800 minus State Contribution	$0

- HSA Enrollment Requirements:
  - Part of the requirements for establishing an HSA is the completion and submission of the HSA Application and required supporting documentation to the address indicated on the form before the effective date.
  - The account *WILL NOT* be established until the application and required supporting documentation has been processed and approved.
  - Contributions, including those from the State, cannot be credited until your personal bank account has been established at Tallahassee State Bank and properly identified as "State of Florida."
- INSTRUCTIONS: Change in Family Status or Employment
  - Indicate date of change and type of change.
  - Please submit the appropriate and required documentation to the People First Service Center. If documentation is not submitted with this Form, it must be received within 60 days of your Qualifying Status Change.
  - This form must be received by the People First Service Center within:
    - 60 days of your employment
    - 31 days of a change in your family or work status
    - defined Annual Open Enrollment Period
- For more information, please visit the People First website at https://peoplefirst.myflorida.com or call the People First Service Center at 1-866-ONE-HRFL (1-866-663-4735). If TTY assistance is required, dial 1-866-221-0269.
- The completed form, along with a copy of the required documentation, must be returned via Fax or USPS to:

People First Service Center
Post Office Box 6830
Tallahassee, FL 32314
FAX: (904) 828-6092