



FLEXIBLE SPENDING PLAN ENROLLMENT/CHANGE FORM

Plan Year: January 1, 2008 - December 31, 2008

Benefits Administered By
MVP Select Care, Inc
620 Erie Blvd. West #200, Syracuse, NY 13204
315.422.1533 ♦ 800.788.8771

Marist College
Flexible Spending Plan
845/575-3349

If Mid-Year Election, date of first payroll deduction: ___/___/___
 If change in family status, date of event: ___/___/___
 Date of first payroll deduction after change becomes effective ___/___/___
 If change in family status, change is due to: Divorce/separation
 Marriage Birth or Adoption of child Death of spouse/child
 Spouse becomes employed Spouse ceases to be employed
 Change in work hours Unpaid leave of absence Other (explain below)

TYPE OF ENROLLMENT
<input type="checkbox"/> Regular Annual Election
<input type="checkbox"/> Mid-Year Election Effective Date: ___/___/___
<input type="checkbox"/> Change in Family Status

EMPLOYEE INFORMATION (please print)		
Employee Name (last, first, middle initial)	Bi-Weekly Payroll Cycle: <input type="checkbox"/> 26 Pay Periods	Semi-Monthly Payroll Cycle: <input type="checkbox"/> 24 Pay Periods
Street Address:	Phone Number:	
City, State, Zip:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
Social Security Number: - - - - -	Date of Birth: / /	I would like to receive reimbursements through direct deposit: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, complete FSA Direct Deposit enrollment form.</i>

PLAN YEAR ELECTIONS - PRE-TAX SALARY REDIRECTIONS

I authorize Marist College to deduct pre-tax contributions from my compensation for the following benefits:
 Medical Reimbursement Account (reimbursement for family health care expenses not paid from any other source).
 Dependent Care Reimbursement Account (day care expenses for eligible dependents)

NOTE: All contributions to Plan are subject to forfeiture if not claimed within 90 days after end of Plan Year.	Pre-Tax Deductions		
	(Maximum annual contribution amount is \$5,000.00, minimum is \$100.00)		
	Total Annual Deduction	To be completed by Marist College	
		Number of Pay Periods	Per Pay Period Deduction
Medical Reimbursement	\$		\$
Dependent Care Reimbursement	\$		\$

If married & filing federal income taxes jointly, the maximum annual contribution amount allowed is \$5,000.00, minimum is \$100.00. If married & filing separate returns, the maximum annual contribution amount allowed is \$2,500.00. Amounts contributed to the Dependent Care Reimbursement Account reduce any available federal Child Care Credit.

Debit Card	I would like to receive the take care® Debit Card. I understand and agree that this card is only to be used to pay for qualified medical expenses that will not be reimbursed from another source. I understand that I am still responsible to acquire and retain documentation to substantiate any expenses. <input type="checkbox"/> Yes <input type="checkbox"/> No
	Would you like to request a second free debit card for your spouse or dependant? <input type="checkbox"/> Yes <input type="checkbox"/> No
	What name should appear on the second debit card? _____
Electronic Requests	I would like to receive all requests for substantiation of reimbursement expenses via email. I understand that I will not receive any requests via US Mail. <input type="checkbox"/> Yes <input type="checkbox"/> No Preferred Email Address: _____

Employee Signature _____ **Date** _____
HR Representative _____ **Date** _____