



Flexible Spending Account Enrollment Form (at Vanderbilt, formerly called "Personal Spending Account")

See instructions on back

Employee ID or Social Security # Last Name First Name M.I. Home Mailing Address City State Zip Daytime Phone Number Date of Hire Department Married? Yes No

Section 1: TO ENROLL FOR THE FIRST TIME

New employees have a 3-month wait before being eligible to participate in the FSA benefit. This enrollment form is due within 3 months of your hire date and the FSA begins on the first of the month after eligibility is met.

Health Flexible Spending Account (See IRS Publication 502 for an up-to-date list of allowable medical expenses)

Total Election Amount Annual maximum for Health FSA is \$3,600 per employee. \$ , .

Dependent Care Flexible Spending Account (See IRS Publication 503 for information on eligibility and claims)

Total Election Amount Annual maximum for Dependent Care FSA is \$5,000 per household. (Check IRS regulations for married filing separately and other limitations.) \$ , .

Section 2: TO CHANGE EXISTING ENROLLMENT

The IRS restricts the events that qualify for Flexible Spending Account changes during the plan year and documentation is required to make a change. Your new election amount will replace your previous election amount, as if you are closing the previous FSA and enrolling in a new FSA.

Check the qualifying event that has resulted in the need to change your contribution amount (documentation is required). Marriage/Divorce Death Birth or Adoption Employment Change

Health Flexible Spending Account

Original Total Election Amount I want to increase/decrease my amount to New Total Election Amount

Dependent Care Flexible Spending Account

Original Total Election Amount I want to increase/decrease my amount to New Total Election Amount

The change will be effective no earlier than the first pay period after the change form is processed by the Benefits Office. The new contribution amount will be deducted evenly from the paychecks for the remainder of the calendar year.

Section 3: ACKNOWLEDGING YOUR DECISION (Your signature is required.)

I wish to participate in the Flexible Spending Account(s) in the way that I have indicated above. I understand that the amount(s) I have indicated will be deducted from my paycheck (beginning no earlier than the first pay period after this form is processed by the Benefits Office) for the remainder of the year before income taxes and Social Security taxes are withheld.

Benefits Office Use Only Pay Group ID # Hire Date Eff Date Entered by Approved by Date Received in Benefits

Employee Signature Date

Mail form to: Vanderbilt HR Benefits, VU Station B #357700, 2301 Vanderbilt Place, Nashville, TN 37235-7700 or deliver form to: HR Express, 2525 West End Avenue, second floor, Nashville, TN 37203

## *How to Complete this Form*

The form must be completed and received by the Benefits Office during your initial enrollment period (within three-months after hire date) or within 30 days following a qualifying family status change in order to activate/change your Flexible Spending Account.

Complete Section 1 **or** Section 2 only. Complete Section 1 if this is your first enrollment in the FSA. Complete Section 2 if you are changing your enrollment due to a family status change. If you complete Section 2, the request must be made to the Benefits Office within 30 days of the event that triggered the change in family status.

The following is a list of events that qualify as family status changes:

- marriage or divorce of faculty or staff member
- birth or adoption of a child
- death of a dependent or spouse
- start or termination of spouse's employment; change of spouse's employment from full-time to part-time status or vice versa; unpaid leave of absence for either spouse or faculty/staff member

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### **Health FSA**

You can access the money in your Health FSA to pay for unreimbursed eligible expenses (such as deductibles; copayments for medical, dental, vision, pharmacy; over-the-counter medicines, etc.) that are not covered by a benefit plan. You can find a list of eligible expenses by referring to Publication 502 on the IRS website ([www.irs.gov](http://www.irs.gov)).

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### **Dependent Care FSA**

You can access the money in your Dependent Care FSA to pay for the care of a qualifying child or relative to enable you, and your spouse, if you are married, to be gainfully employed. You can find more information on the IRS website ([www.irs.gov](http://www.irs.gov)).

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### **FSA Contribution Calculation**

You are designating a **total amount** that will be deducted from each paycheck evenly throughout the year. A participant might enter \$390 (total amount to be taken out during the year) and if that participant has 15 remaining pay periods, each paycheck would be reduced by \$26 (\$390 divided by 15). If the participant has 6 remaining pay periods, each paycheck would be reduced by \$65. Please consider personal circumstances when making your decision. The election you make will be in effect for the **remainder of the** calendar year.

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### **Acknowledging Your Decision**

Read the acknowledgement section and be sure you understand the salary deduction and tax implications of participating in an FSA.

Sign and date the bottom of the form to complete the agreement and to acknowledge that you have read the information in that section.

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### **Important Information to Consider**

**Remember, you lose unused amounts remaining in the plan at the end of the year.** If you are considering participation in Dependent Care FSA, please consider two conditions that might affect the total annual amount eligible for reimbursement: 1) a dependent child age 5 or older who is starting school and 2) a dependent child approaching age 13 (maximum age allowable). Also, take into account any unpaid leave of absence, an expected change in employment status, or other event which might alter the annual amount you should choose.