

PARTICIPATION AGREEMENT

Flexible Spending Account/Health Savings Account/Dependent Care Spending Account

Name:	SSU ID:	Remember to notify Human Resources if your marital status has changed in the past year.	
Address:	City: State: Zip:		

FLEXIBLE SPENDING ACCOUNT (PPO PARTICIPANTS ONLY)

- I elect to participate in the *health care spending account* for the upcoming plan period for reimbursement of eligible medical expenses. I understand this election must be made each year, even if I was enrolled in the plan the year before. I authorize the following annualized salary reduction (\$240 minimum, \$2,600 maximum) _____
- I decline to participate in the flexible spending account for the upcoming plan period.

Employer Use Only
Annualized amt \$ _____
of pay periods _____
Per pay deduction amt \$ _____

LIMITED FLEXIBLE SPENDING ACCOUNT (HDHP PARTICIPANTS ONLY)

- I elect to participate in the *health care spending account* for the upcoming plan period for reimbursement of eligible dental and vision expenses. I understand this election must be made each year, even if I was enrolled in the plan the year before. I authorize the following annualized salary reduction (\$240 minimum, \$2,600 maximum) _____
- I decline to participate in the limited flexible spending account for the upcoming plan period.

Employer Use Only
Annualized amt \$ _____
of pay periods _____
Per pay deduction amt \$ _____

HEALTH SAVINGS ACCOUNT (HDHP PARTICIPANTS ONLY)

- I elect to participate in the *health savings account* for the upcoming plan period for reimbursement of eligible medical expenses. I understand this election must be made each year, even if I was enrolled in the plan the year before. I authorize the following annualized salary reduction (\$3,350 single coverage maximum, \$6,750 family maximum) _____
- I decline to participate in the health savings account for the upcoming plan period.

Employer Use Only
Annualized amt \$ _____
of pay periods _____
Per pay deduction amt \$ _____

DEPENDENT CARE SPENDING ACCOUNT

- I elect to participate in the *dependent care spending account* for the upcoming plan period for reimbursement of eligible dependent care expenses. I understand that this election must be made each year, even if I was enrolled in the plan the year before. I authorize the following annualized salary reduction between \$240 and \$5,000 (\$2,500 max if married filing separately for federal tax purposes) _____
- I decline to participate in the dependent care spending account for the upcoming plan period.

Employer Use Only
Annualized amt \$ _____
of pay periods _____
Per pay deduction amt \$ _____

I hereby agree my salary will be reduced by the amount of the required contribution for the coverage I have elected. I further understand that my contributions to each flexible spending account can only be used to reimburse eligible expenses under each account and that I forfeit any funds remaining in my account at the end of the plan period plus any applicable grace period. I cannot change or revoke this *participation agreement* at any time during the *plan year* unless I have a qualifying status change as described in the *summary plan description*. This *participation agreement* will automatically terminate if the *Plan* is terminated or discontinued, or if I cease to receive compensation from the *employer*. The *employer* may reduce or cancel this *participation agreement* in order to satisfy provisions of the Internal Revenue Code. The reduction in my salary for this election is in addition to any other reductions under other benefit plans in which I participate. This *participation agreement* is subject to the terms of the *Plan*, as from time to time in effect, shall be governed and construed in accordance with the applicable state laws, to the extent not preempted by federal law, and revokes any prior *participation agreement* I have executed for the *Plan*.

Employee signature _____ Date _____

***Sign and return form with your election checked above to:
Human Resources/Benefits, Administration Building, Room 016***