

## FLEXIBLE SPENDING ACCOUNT ENROLLMENT APPLICATION

**ACTIVE MEMBERS ONLY**

**Public Education Employees' Health Insurance Plan**

P. O. Box 302150 ♦ Montgomery, Alabama 36130-2150

334-517-7000 or 877-517-0020

Web site: [www.rsa-al.gov](http://www.rsa-al.gov)



In lieu of completing and mailing this form, you can make your changes online using the Web site above.

### PEEHIP Subscriber Information

*Name must be entered as shown on your Social Security card.*

Social Security Number  ____-____-____	First Name	Middle Name/Initial	Last Name
Mailing Address		City	State      ZIP Code
Date of Birth  ____/____/____	Home Phone  ____-____-____	Work Phone  ____-____-____	

### Healthcare Flexible Spending Account Information

I wish to enroll in the Health Care Flexible Spending Account.       Yes     No

Monthly Contribution Amount    \$ \_\_\_\_\_ × 12 months =    \$ \_\_\_\_\_ Annual Contribution Amount.

I understand that:

- PEEHIP will divide this amount by 12 (pay periods) and will reduce my pay by this amount during those pay periods during the plan year.
- Do not include health insurance premiums in your annual election amount.
- The maximum annual amount cannot exceed \$5,000 and the minimum annual amount is \$120.

### Dependent Care Flexible Spending Account Information

I wish to enroll in the Dependent Care Flexible Spending Account.       Yes     No

Monthly Contribution Amount    \$ \_\_\_\_\_ × 12 months =    \$ \_\_\_\_\_ Annual Contribution Amount.

I understand that:

- PEEHIP will divide this amount by 12 (pay periods) and will reduce my pay by this amount during those pay periods during the plan year.
- Do not enroll in the Dependent Care Flexible Spending Account for reimbursement of out-of-pocket medical costs for dependents. You must use the Healthcare Flexible Spending Account instead.
- The maximum annual amount cannot exceed:
  - \$5,000 if single or married filing a joint return, or
  - \$2,500 if married filing a separate return.
- The minimum annual amount is \$120.
- Remember to factor in the summer childcare costs.

### PEEHIP Subscriber Certification

I understand that:

- I cannot change or revoke any of my elections on this compensation redirection agreement at any time during the plan year (Oct. 1 – Sep. 30) unless I have a qualifying change in status.
- During the Annual Open Enrollment Period, I will be given the opportunity to enroll in the plan for the upcoming plan year (Oct. 1 – Sep. 30). I must enroll each year during the Open Enrollment period since participation in the plan for subsequent years is not automatic, even if I want to contribute the same amount as the previous year.
- Amounts unused and unspent in the Healthcare Flexible Spending Account as of September 30 can be used to pay for out-of-pocket medical expenses incurred during the 2 ½ month grace period ending December 15.
- Expenses for both the Healthcare Flexible Spending Account and Dependent Care Flexible Spending Account can be submitted to Blue Cross by January 15 following the end of the plan year.

I hereby certify that I have completely read and fully understand the terms and conditions of the Flexible Spending Account and all information furnished is true and complete.

Employee Signature \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_