

FLEXIBLE SPENDING ACCOUNT ENROLLMENT APPLICATION

Public Education Employees' Health Insurance Plan

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

334.517.7000 or 877.517.0020; Fax: 334.517.7001 or 877.517.0021

Website: www.rsa-al.gov

You can enroll online at <https://mso.rsa-al.gov>



**ACTIVE MEMBERS
ONLY**

PEEHIP Subscriber Information

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

Social Security Number or PID Number	First Name	Middle Name/Initial	Last Name
Mailing Address		City	State
		ZIP Code	
Date of Birth ____/____/____	Home Phone ____-____-____	Work Phone ____-____-____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed			
Employer/School System		Email Address	Date of Employment ____/____/____

Healthcare Flexible Spending Account Information

I wish to enroll in the Health Care Flexible Spending Account for an Annual Contribution Amount of \$_____.

Annual amount cannot be less than \$120 or more than \$2,550.

Choose One: Traditional Reimbursement (bump) **OR** Manual Reimbursement

I understand that:

- The annual amount will be divided by the number of months I am an active employee in this plan year (Oct. 1 – Sep. 30). If I sign up during Open Enrollment, I will be enrolled for a full plan year and the annual amount will be divided by 12.
- Funds cannot be used to pay for health insurance premiums or non-prescription over-the-counter medication.

Dependent Care Flexible Spending Account Information

I wish to enroll in the Dependent Day Care Flexible Spending Account for an Annual Contribution Amount of \$_____.

Annual amount cannot be less than \$120 or more than \$5,000 (\$2,500 if married filing a separate tax return).

I understand that:

- The annual amount will be divided by the number of months I am an active employee in this plan year (Oct. 1 – Sep. 30). If I sign up during Open Enrollment, the annual amount will be divided by 12.
- **This account cannot be used for reimbursement of medical, dental or vision expenses for me or my dependents.**
- This account is for reimbursement of **daycare expenses.**

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.
- Funds in my Dependent Care FSA cannot be transferred to my Healthcare FSA, or vice-versa, for any reason.
- Participation for subsequent years is not automatic. For continual participation I must re-enroll during the Annual Open Enrollment Period even if I want to contribute the same amount as the previous year.
- Any funds remaining in the Dependent Care FSA that are not used during the plan year will be forfeited.
- I am allowed to roll over up to \$500 of unused funds in the Healthcare FSA to the subsequent plan year. Funds remaining in excess of \$500 at the end of the plan year (Sep. 30) will be forfeited.
- Reimbursement requests and documentation for eligible expenses for both the Healthcare Flexible Spending Account and Dependent Care Flexible Spending Account must be submitted to Blue Cross no later than January 15 following the end of the plan year to be eligible for reimbursement.

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 ____/____/____

Flexible Spending Accounts

Participation in a Flexible Spending Account allows you to save tax dollars on money you will spend on copays, deductibles and other covered services each plan year.

Health Care Flexible Spending Account (Health FSA) allows active members to set aside up to a maximum of **\$2,550** of pre-tax contributions each year to pay themselves back for eligible health care expenses incurred by them and their dependents. The minimum annual election to participate in the PEEHIP Health FSA is plan is \$120. For more information concerning eligible expenses see *IRS Publication 502*, Medical and Dental Expenses.

Dependent Care Flexible Spending Account (DCRA) allows active members to set aside up to a maximum of \$5,000 in pre-tax contributions each year to pay for dependent day care expenses so the member (and spouse, if married) can work outside of the home or attend school full time. DCRA funds can only be used for reimbursement of payment for **day care expenses** (i.e., licensed nursery school or daycare for children under 13, or daycare for elderly or disabled dependents). The minimum annual election to participate in the PEEHIP DCRA plan is \$120. For more information concerning eligible expenses and guidelines governing a DCRA see *IRS Publication 503*, Child and Dependent Care Credit.

Members who participate in a Health FSA or DCRA with another sponsor, in addition to a PEEHIP account, should be mindful not to exceed the IRS yearly allowable maximum amount per tax payer.

Elected Amounts and Reimbursement

You can only be reimbursed for eligible expenses outlined in the plan. Refunds are not permitted. Funds assigned to one account cannot be transferred to the other account under any circumstances. Therefore, you should carefully plan the annual amount you elect to contribute to each Flexible Spending Account. To assist in determining the contribution amount a Tax Savings Calculator is available at www.rsa-al.gov and www.healthequity.com/PEEHIP. The annual contribution amount selected is divided equally based on the number of remaining months in the plan year to determine the monthly contribution amount. For members who plan to be employed for the full plan year and sign up during Open Enrollment, the annual amount will be divided by 12. For members that plan to retire before the end of the plan year, an adjustment will be made accordingly.

Traditional Bump Reimbursement: This method is available only for the Health FSA. The Health FSA is linked to your PEEHIP hospital / medical and Southland dental and vision coverage. When you pay for eligible out-of-pocket expenses, such as copays, the funds are automatically reimbursed to you without having to file a receipt.

Manual Reimbursement: This method is available for the DCRA and Health FSA. You must submit a Request for Reimbursement form along with an itemized receipt indicating the charges that were incurred and the dates of services. Health FSA funds are available for reimbursement up to the annual amount elected as of the first effective day of the plan. Funds for reimbursement from the DCRA become available only after contributions have been withheld from your paycheck.

Timely Filing Period Deadline / Carryover

The PEEHIP Flexible Spending Account plan year ends September 30. You have until January 15 following the end of the plan year to submit a Request for Reimbursement form along with receipts for eligible expenses that occurred during the plan year (October through September). Funds remaining in the DCRA after the filing deadline will be forfeited.

\$500 Carryover Provision (applicable to Health FSA only)

PEEHIP allows members up to \$500 of unused funds remaining in a Health FSA at the end of the plan year to be carried over and used for eligible Health FSA expenses in the following plan year. Remaining Health FSA funds will be forfeited. This provision is in accordance with guidelines set by the Department of Treasury Notice 2013-7 issued by the IRS on October 31, 2013.

PEEHIP Flexible Spending Accounts are administered by Health Equity and are available to all actively employed members of PEEHIP. For a complete summary of the PEEHIP Flexible Spending Account Plan please go to www.rsa-al.gov.