



Flexible Spending Account Application

Employee Name (Last, First) <i>Please print</i>	Banner ID	Social Security Number	Date of Birth
Street Address	City	State	Zip
Date of Hire	Job Title/Union Affiliation	Home Phone	Email

Please check one: 12- Month or 9-Month Deferred Employees 9-Month Employees

You may elect to participate in either or both the health care reimbursement account and the dependent care reimbursement account.

Health Care Reimbursement Account

A Health Care FSA will allow you or an eligible dependent the option to save tax dollars on health care expenses. The minimum allowable annual deposit is \$130 and the maximum is \$2,550 for the plan year. Please elect your total annual and per pay period amounts below.

Open Enrollment

9-month employees please divide Total Annual Amount by 20 \$ _____
Per Pay Period Amount (**MUST be rounded down to next penny**)

\$ _____
Total Annual Amount (Maximum \$2,550)

12-month employees or 9-Month Deferred Employees please divide Total Annual Amount by 26 \$ _____
Per Pay Period Amount (**MUST be rounded down to next penny**)

New Hire (Mid-Year): Only fill in the total annual amount (maximum \$2,550).

Dependent Care Reimbursement Account

A Dependent Care FSA will allow you to save tax dollars on dependent day care expenses. The minimum allowable annual deposit is \$208, and the maximum is \$5,000 for the plan year. Please elect your total annual and per pay period amounts below.

Open Enrollment

9-month employees please divide Total Annual Amount by 20 \$ _____
Per Pay Period Amount (**MUST be rounded down to next penny**)

\$ _____
Total Annual Amount (Maximum \$5,000)

12-month employees or 9-Month Deferred Employees please divide Total Annual Amount by 26 \$ _____
Per Pay Period Amount (**MUST be rounded down to next penny**)

New Hire (Mid-Year): Only fill in the total annual amount (maximum \$5,000)

IMPORTANT: The amount you can deposit is limited to the lesser of your earned income or your spouse's earned income and is not to exceed \$5,000.

I elect to have the amount(s) stated above deducted from each pay for 20 pays if I'm employed nine-months or 26 pays if I'm employed 12 months of the year. I understand this election is binding for the 2016 plan year. I can only make midyear changes or enroll as a late entrant in a FSA if I experience a qualified life status change as defined by the Internal Revenue Code.

Employee Signature	Date
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Please return to: HR Employee Resource Center, 5700 Cass Ave., Suite 3638, Detroit, MI 48202; Fax: 313-577-0637. Due to confidentiality concerns please do not send via email.