

UA Choice Open Enrollment Flexible Spending Account Election Form For FY18



www.alaska.edu/benefits

This enrollment is for coverage through June 30, 2018.

Employee ID	Campus	Work Phone
Last Name	First	M.

- 9, 10, 11 months (includes all UNAC and UAFT faculty members)
- 12 months

- Looking for the **Health Savings Account (HSA)**? Please use the **HSA Enrollment Form**.

Flexible Spending Accounts (FSA)

You **must** enroll in these accounts each year to participate; they don't roll year-to-year.

- Please note that the **Medical FSA maximum is \$2,600** for the plan year. The **Dependent Care FSA** maximum election is \$5,000, but your maximum *may be less* depending on your tax filing status. See details below.
- 12-month employees will have 26 deductions; less-than-12-month employees (including all UNAC and UAFT faculty members) will have 19 deductions.

Health Care FSA [401] (Pre-tax – maximum goal not to exceed **\$2,600**)

Please note you may not elect the health care FSA if you are enrolling in the CDHP or the Health Savings Account (HSA).

- Goal amount of \$_____ for the plan year, July 1, 2017 through June 30, 2018
 [office use only: BWA:_____ #PP:_____ BCOV start date: _____]

Dependent Care FSA [406] Pre-tax – maximum goal not to exceed \$5,000 if Married Filing Jointly or Single Head of Household; \$2,500 if Married-Filing Separately (you **must have eligible dependent(s) to choose a dependent care FSA; this account is **for day care** or related expenses; see UA Choice Enrollment Guide for details)**

- Goal amount of \$_____ for the plan year, July 1, 2017 through June 30, 2018
 [office use only: BWA:_____ #PP:_____ BCOV start date: _____]

Election and Salary Conversion Authorization

I authorize the University of Alaska to reduce my salary in an amount equal to the cost of the benefit options that I have selected above. I understand that this election and/or salary conversion is for the appropriate plan year, and election of the Flexible Spending Account(s) cannot be revoked or changed until the next open enrollment, unless there is a loss of eligibility or life event. Any change in election for the FSA must be made within 30 days from the date of the life event. (Please contact your human resources office or refer to your Employee Benefits Handbook for life event definition.)

Employee Signature Date e-mail

Return to Your Regional Human Resources Office by 5 pm Monday, May 15, 2017

Office Use Only: Entered By: _____ Date: _____ Effective: _____