

NORTHLAND COLLEGE

IRS 125 Flexible Spending Account Annual Enrollment Form

Calendar Year 2023

(Coverage election must be made within 10 days of hire date)

Employeename: _____ ID: _____

- I elect **NOT TO PARTICIPATE** in any Healthcare Spending or Dependent Care spending accounts.

OR

Election of Healthcare Spending Account or Dependent Care Spending Account

(Minimum contribution is \$120.00 annually)

- I elect to make optional pre-tax contributions to the following

Healthcare Flexible Spending Account \$ _____ (annually)

The annual plan limit that may be allocated to the health care reimbursement account is **\$2,850**.

Dependent Care Flexible Spending Account \$ _____ (annually)

The annual plan limit that may be allocated to the dependent care reimbursement account is **\$5,000**.

Eligible and ineligible expenses and claim forms are found at <https://member-fhs.umn.com/portal>

Type of Reimbursement for Healthcare Flexible Spending Account

Manual Reimbursement

-you fill out the claim form at your convenience and submit to UMR

Automatic Reimbursement

HR/EX: Header/UDef/B

-claims will automatically be processed, you will not have to manually submit a claim form

(The auto reimbursement feature gives you the ability to have claims automatically reimbursed by the Healthcare Flexible Spending Account. This means that for those claims applied to the deductible or otherwise not covered by the medical plan, the claims will automatically roll to the Healthcare Flexible Spending Account for processing. You will not have to file a separate claim form.)

****The automatic reimbursement feature is not an option for employees who coordinate benefits with other coverage, i.e. their spouse's coverage.**

Reimbursement: I elect to receive reimbursement from my spending account for the plan year by:

Direct Deposit Account on file with payroll (Default election unless otherwise specified)

Check (A check will be mailed to your home)

Savings Account (attach deposit slip)

Note: If you choose to change your reimbursement method outside the open enrollment period YOU will be responsible to notify UMR.

Authorization

I authorize the required contribution for my Flexible Spending Account choices to be deducted from my paycheck on a pre-tax basis. I have reviewed my Flexible Spending Account choices and certify that they reflect my needs. I also understand that I will forfeit any funds remaining in either Flexible Spending Account 90 days after the plan year.

I also understand that the Flexible Spending Account elections indicated on this form will remain in effect until changed during a subsequent enrollment period, or there is a change in my family status allowing me to change my election.

I certify that the expenses for which I am requesting through my Flexible Spending Account are expenses incurred by me or my eligible dependents and have not been reimbursed in any other way or from any other source.

Employee's signature

Date

Failure to return this form by deadline will result in non-participation in pre-tax benefit options!!