

SAINT LOUIS UNIVERSITY
FLEXIBLE SPENDING PLAN (FSA)

Please note you can't select the FSA PLAN if you are enrolled in the HSA Plan.

2019 ENROLLMENT AND SALARY REDUCTION AGREEMENT

Maximum Enrollment: \$2,650 / Minimum Enrollment: \$130

Name _____ Banner ID _____ SSN _____
(Last) (First) (MI)

Home Address _____
(Street) (City) (State) (Zip)

Date of Birth _____ Gender: ☐ Male ☐ Female Date of Hire _____

Pay Site: ☐ Monthly ☐ Biweekly Work Phone _____

I hereby elect to receive medical/dental reimbursement(s) under the Saint Louis University Flexible Spending Plan for this Plan Year, beginning January 1, 2019, my date of hire, or date of qualifying event, and ending December 31, 2019, and I agree to reduce my compensation for such period by:

\$ _____
(Total enrollment for the 2019 CALENDAR YEAR)

I have received, read and understand the **Summary Plan Description** and I realize:

1. The total amount that I elect to contribute will be withheld from all pay periods beginning on January 1, 2018, my date of hire, or date of qualifying event, and ending December 31, 2019.
2. I am making a binding election for salary reduction for my eligible Plan Year that can only be changed if there is a qualifying change in family or employment status.
3. Reimbursement will be available only for medical and dental expenses qualifying under Section 213 of the Internal Revenue Code. (Premiums, of any type, are not an eligible expense.)
4. This election form **terminates** on the last day of the Plan Year. Participation in any subsequent Plan Year requires a new election to be completed during the annual Open Enrollment period for the year involved.
5. Any benefits unused upon termination or at the end of the Plan Year will be forfeited.
6. Employees have 90 days following the end of the Plan Year, or March 31, 2020 to submit eligible expenses for their Medical Flexible Spending Account. This means that employees may incur eligible expenses until March 15, 2020, for the 2019 plan year. **The deadline to submit all 2019 reimbursement claims remains March 31, 2020.**

Signature _____ Date _____

FOR BENEFITS USE ONLY

MN / BW \$ _____ per pay period Banner _____ PHICHEK _____ CYC _____