

University of Central Arkansas

Social Security No.

Employee Name (Last, First, MI)

Address

City

State

Zip

Email Address

Hire Date

Payroll Effective Date

I hereby authorize and direct University of Central Arkansas to reduce my earnings in the amount necessary to fund my flexible spending account(s) and Health Savings Account (HSA) as indicated below. I understand such reductions, considered elective contributions under the Plan, will start with my first paycheck dated after the effective date of the Plan. I understand that the purpose of this program is to allow employees to select qualified benefits within the guidelines of the Internal Revenue Code. I also understand the flexible spending account (FSA) plan(s) will allow me to be reimbursed for out-of-pocket medical, dental, vision, and/or dependent care expenses and that the **out-of-pocket medical expenses include over-the-counter medicine used to treat a condition.**

Premium Only Plan

_____ I wish to continue pre-taxing my Insurance Premiums

_____ I DO NOT wish to continue pre-taxing my Insurance Premiums

Flexible Spending Account Elections

FSA Medical Expenses\$ _____

FSA Dependent Care\$ _____

Total Pre-Tax Deduction for Flexible Spending Accounts.....\$ _____

I choose a check for my payment method.

And/or

I choose Direct Deposit for my payment method.

I understand this salary reduction agreement will remain in effect and cannot be revoked or changed during the Plan year, unless the revocation and new election are on account of and consistent with a *change in family status*. I hereby certify the above information to be correct and true and choose **to participate**.

Signature _____

Date _____

Direct Deposit Information

Routing Transit Number
(All nine boxes must be filled.)

Account Number
(Include hyphens, but not spaces and special symbols)

000000000

00000000000000000000000000000000

-----ATTACH A VOIDED CHECK HERE. -----

DO NOT attach a Deposit Slip because deposit slips do not show the necessary information.

I choose not to participate in the Flexible Spending Account Elections plan

Signature _____

Date _____