

Please complete this form and return it to the Benefits Division attaching the page from your most recently filed IRS tax return showing your tax filing status and family Adjusted Gross Income.

NOTE: The terms of FSA Account participation may be changed only on the basis of a qualifying change in family or employment status. Supporting documentation must be attached and be received by the Benefits Division within 31 days from the date of the event. Any monies remaining in the account as of March 31st of the following year are forfeited. Participants must re-enroll during Open Enrollment to continue participation in subsequent years. All eligible expenses for reimbursement from an FSA account must be incurred during the calendar year period of participation.

PERSONAL INFORMATION

Last Name		First Name		Employee ID (On Your NU Wildcard)	
Date of Hire	Home Phone	Work Phone	Email		

Tax Filing Status : <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualified Widow(er) with Dependent Child			
Family Adjusted Income Obtain from box 37 on the 1040 form \$ _____	Spouse's Employer/Educational Institution* _____	Annual FSA Dependent Care Election (Up to \$5,000) \$ _____	Calendar Year 20__ __

* Spouse must be a full time employee or student

Please list eligible dependents below

Qualifying dependents are:

- A child under age 13 in your custody whom you claim as a dependent on your tax return
- A spouse who is incapable of self-care; and
- A dependent who lives with you-such as a child over age 13, parent, sibling, or in-law-who is incapable of self-care, and whom you claim as a dependent on your tax return.

Relationship	Date of Birth	Name

An employee whose adjusted income is...	Will receive from the University a percentage of their Dependent Care FSA election as additional earnings	Up to a maximum contribution of ...
Up to \$60,000	80%	\$4,000 per year
\$60,001 to \$75,000	60%	\$3,000 per year
\$75,001 to \$100,000	40%	\$2,000 per year
\$100,001 to \$130,000	20%	\$1,000 per year

Example:

Your Adjusted Gross Income was \$70,000 and you anticipate at least \$5,000 in child care expenses for 2017.

\$5,000 times University-provided portion of 60% = \$3,000

\$3,000 / 12 = \$250/month in additional earnings (University reimbursement amount)

\$5,000 / 12 = \$416.67/month in FSA Dependent Care deductions from your paycheck

Enter \$5,000 as your annual FSA election amount.

If I elect to participate in the FSA Dependent Care Plan and qualify for the University reimbursement, my enrollment election will not be complete until the Benefits Division receives from me my last filed US Tax Form 1040. For the reimbursement to begin on the first of the month, the application must be received by the Benefits Division by the 15th of the preceding month. The maximum reimbursement contribution is the maximum monthly amount times the number of remaining months in the calendar year. I confirm that my spouse is either a full-time employee or a full-time student and will notify the Benefits Division if this status changes.

SIGNATURE	DATE
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Office Use Only	Employer Reimbursement Amount:	Effective Date:
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Biweekly \$ _____	Monthly \$ _____	Annual \$ _____
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