2020 Flexible Spending Accounts Enrollment and Change Form Graduate Medical Education Residents and Fellows

Student Health Benefits
University of Minnesota

Optional enrollment for residents and fellows in job codes 9554, 9555, 9556 and 9559. To enroll in Flexible Spending Accounts, please complete and return this form to the Office of Student Health Benefits during open enrollment (November 1 - December 2, or within 14 days of your start date). Failure to enroll during open enrollment will result in the loss of eligibility to enroll in FSAs until the next open enrollment period. Please complete both pages of this form and keep a copy for your records.

A. Resident/Fellow Information

Name (last, first, middle initial) *(please print)* | Date of birth (mm/dd/yyyy) | Gender | U of M ID number | Social Security Number

Street address, city, state, ZIP code | Daytime phone | Email address

B. Enrollment Information – please make plan selection for calendar year 2020

What would you like to do? ☐ Enroll myself (and dependents, if applicable) ☐ Make a change

☐ Health Care Account

_____ Total annual deposit ($100 minimum, $2,700 maximum)

This account is used for reimbursement of eligible out-of-pocket health care expenses for you and/or your eligible dependents. This account cannot be used for reimbursement of your or your dependents' contribution toward any medical or dental plan. Your deposit will be deducted from your pay in equal installments throughout the calendar year; due to IRS provisions, however, you may file claims for expenses incurred through March 15, 2021.

☐ Dependent Care Account

_____ Total annual deposit ($100 minimum, $5,000 maximum per household)

This account is used for reimbursement of child care expenses that you incur in order for you and your spouse (if applicable) to work. Your deposit will be deducted from your pay in equal installments throughout the calendar year; due to IRS provisions, however, you may file claims for expenses incurred through March 15, 2021.

C. Change Information

To change the amount you have elected to withhold from your pay on a pre-tax basis outside of the open enrollment period, you must have a change in family status, and your election change must be consistent with your specific family status change. A written request for change in your coverage due to a family status change must be made within 30 days of the change. To make this change, check the appropriate box below:

☐ Marriage

☐ Divorce

☐ Birth or adoption of child

☐ Change in spouse employment status:* (please indicate type of change, e.g., start or termination) _____

☐ Death of eligible dependent: ☐ Spouse ☐ Child

☐ Other (please explain) _____

*If employment change is for your spouse, please include statement from employer verifying change.

Adjusted annual deposit for Health Care Account ($100 min.; $2,700 max.)

Adjusted annual deposit for Dependent Care Account ($100 min.; $5,000 max.)

This form has two pages—please see second page.

Please submit to: Office of Student Health Benefits, 410 Church Street SE, N323, Minneapolis, MN 55455. Email: umshbo@umn.edu. Fax: 612-626-5183 or 1-800-624-9881. For additional information, see the U of M Employee Benefits website at humanresources.umn.edu/benefits/fsa, or contact a Benefits Specialist at 612-624-8647 or benefits@umn.edu.

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D. Resident/Fellow Authorization

INFORMATION AND PRIVACY Several state and federal laws aid in protecting your right to privacy and make it easier for you to review information in your insurance file. Under one of these laws—the Minnesota Government Data Practices Act (Minnesota Statutes 13.01-13.43)—you have the right to know the following: A. Why the Information is Needed—The information we request about you and your employment is needed for one or more of the following reasons: 1) To determine whether you are eligible for University of Minnesota Flexible Spending Accounts (hereinafter referred to as "FSA"). 2) To determine the amount of deductions from your paycheck. B. Supplying Information—Your Rights. 1) Minnesota Statute 13.04. You may refuse to provide the information we request; however, without certain minimal information, we may be unable to process your FSA application. 2) Federal Privacy Act of 1974; Public Law 93-579. Disclosure of your Social Security number, home address, and home phone is voluntary. The information is requested to identify your records in the Employee Benefits and payroll systems. While you are not legally required to furnish this information, processing of your FSA application will be delayed without it. C. Who Uses the Information and How it is Used—The information collected will be used by University employees administering the FSA, the payroll system, and federal and state tax authorities. Depending on the benefits you request (and for which you are eligible), information may be used to prepare statistical reports and evaluative studies. When you are no longer an active participant in FSA, your file will be kept until state and federal retention requirements are met. D. What Information You Can Access—You may request in writing to be shown information about yourself that is maintained by the Office of Human Resources. There is no cost for this service, but there is a small charge should you need copies.

AUTHORIZATION TO DEDUCT COST OF PLAN FROM PAYROLL: I hereby authorize and direct the University of Minnesota to deduct from my stipend checks amounts to cover my insurance premiums while enrolled as a resident or fellow. Said deductions will be taken from each bi-weekly check. I understand that my department is authorized to make subsequent insurance premium adjustments at prevailing University of Minnesota rates as appropriate to my resident or fellow classification.

Resident/Fellow signature (electronic signatures are not accepted) Date signed

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