

FA

University of Michigan

2020 Flexible Spending Account Deduction Authorization Form

For All Eligible Faculty and Staff Members.

Please use this form to make your elections. Print all information in **black** ink. Return your completed and signed form to SSC Benefits Transactions **within 30 days** (or as specified by your bargaining agreement) after your first day of employment at the university, or within 30 days after your qualified family status change. **These elections remain in effect from your effective date* through December 31, 2020 unless you experience a qualified family status change.** You must re-enroll in a Flexible Spending Account each year that you wish to participate.

1. Faculty or Staff Member Information.

Name (Last, First, Middle Initial)		UMID	U.S. Social Security Number (If UMID is unknown)
Street Address		City, State, Zip	Home Phone Number
Title	I am paid: <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	Email Address	Daytime Phone Number

2. Annual Deduction Amounts.

- Be sure the correct annual election amount is entered under each type of account. Inaccurate estimates of expenses may cause you to forfeit money.
- Funds cannot be transferred between dependent care and health care accounts or from one spouse to another.
- For annual contribution information, see the Flexible Spending Accounts section at hr.umich.edu/flexible-spending-accounts

Health Care Flexible Spending Account
Covers eligible health care expenses for you and your eligible dependents. For information on eligible expenses, go to hr.umich.edu. Only eligible expenses incurred on or after your effective date* through March 15, 2021 are reimbursable. You may contribute from \$120 up to \$2,700 per year to a Health Care FSA.

Total annual amount you want to contribute to a Health Care FSA \$ _____ **From effective date* through December 31, 2020**

Dependent Care Flexible Spending Account
Covers eligible dependent daycare expenses so you can work or go to school full time. For information on eligible dependent daycare expenses, go to hr.umich.edu. Only expenses incurred on or after your effective date* through March 15, 2021 are reimbursable. You may contribute from \$120 up to a possible maximum of \$5,000 per year to a Dependent Care FSA. Highly compensated employees are limited to \$3,600 per year. For information on contribution limits, see hr.umich.edu/fsa-eligibility-enrollment

Total annual amount you want to contribute to a Dependent Care FSA \$ _____ **From effective date* through December 31, 2020**

Is your spouse also employed by U-M? If yes, spouse's name _____

Spouse's SSN or UMID _____

3. Flexible Spending Account Participants Release of Liability.

I release the University of Michigan and its Flexible Spending Accounts claims processor, PayFlex, from any liability incurred if I submit ineligible expenses for reimbursement or if I fail to follow the regulations for the Flexible Spending Account. I have read the Flexible Spending Accounts plan book available from hr.umich.edu and I understand the agreement and confirmation set out on page 2 of this form concerning flexible spending accounts.

***Effective Date: Your account becomes effective the first of the month following the date the enrollment form is received by SSC Benefits Transactions, your date of hire, or the date you become newly-eligible, whichever is later.** For example, if your date of hire is March 1, and your Flexible Spending Account enrollment form is received March 10, your account becomes effective April 1, and only eligible expenses incurred on or after your April 1 effective date through March 15 of the following year would be eligible for reimbursement from your current FSA. You must re-enroll each year you wish to participate.

Effective* (month) _____ through December 31, 2020, I authorize the University of Michigan to make the above pretax deductions on a monthly or bi-weekly basis, as appropriate, to fund my Flexible Spending Account(s) for health care expenses and/or dependent care expenses.

I certify that the Health Care Flexible Spending Account debit card will only be used for eligible medical care expenses for myself and my eligible dependents.

Signature of Faculty or Staff Member

Date Signed

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Agreement and Confirmation

By my signature on the Flexible Spending Account Authorization Form, I confirm that I understand and agree to the following requirements of participation in a flexible spending account.

Annual Contribution Amounts

1. There are minimum and maximum amounts that can be contributed to the Flexible Spending Accounts each year. For a Health Care FSA, the minimum annual contribution is \$120 and the maximum is \$2,700. You and your spouse may each open a Health Care FSA, however, you cannot file claims for the same expenses on both accounts. For example, if your spouse claims your expenses under his or her FSA, then you can't also claim them under your FSA.

The Dependent Care FSA contribution limit is per household. The minimum annual contribution is \$120 and the maximum is up to \$5,000 (\$2,500 if married and filing separately). Keep in mind, this amount may be less based on your family gross earnings and tax filing status. See "Special Limits for Highly Compensated Faculty and Staff" below for information on IRS rules that may impact your Dependent Care FSA contribution amount.

Visit the PayFlex website at www.payflex.com for help estimating your eligible annual expenses and determining how much to contribute to a Health Care FSA and/or a Dependent Care FSA.

Deductions

2. Deductions will occur over 12 paychecks for faculty and staff members paid monthly, and over 24 paychecks for staff members paid bi-weekly. Deductions for mid-year enrollments will be based on the number of paychecks remaining in the calendar year after the effective date. Deductions cannot be taken from stipend or fellowship funds. No deductions will be taken during periods such as a leave when the enrollee is not receiving a salary from the university.

3. **Deductions cannot be changed or canceled during the current election period unless a qualified family status change occurs (marriage, divorce, birth of baby, etc.) in which event the coverage change must be consistent with the change in status.** If such a change occurs, the participant must provide documentation of the change by submitting a Health Care FSA and/or Dependent Care FSA Request for Change in Status form to SSC Benefits Transactions **within 30 days** of the event. Otherwise, the change cannot be made until the next Open Enrollment period.

4. Changes in deduction amounts will be effective the first day of the month following the receipt of the authorization form or date of eligibility, whichever is later.

Claims

5. Eligible expenses incurred on or after the effective date of coverage through March 15 of the following year can be claimed for reimbursement. Duplicate reimbursement is not allowed. That is, expenses cannot be reimbursed by another source (such as a health insurance plan) or taken as an income tax deduction *and* reimbursed under a flexible spending account.

6. Be sure to sign your claim form. PayFlex will not process a claim if the form does not include your signature.

7. A claim form for reimbursement from a Health Care Flexible Spending Account must be accompanied by an itemized receipt and/or an Explanation of Benefits (EOB) form. An EOB form is provided by the health insurance company after a claim is filed. HMOs do not provide EOB forms. Participants who are enrolled in an HMO should submit an original itemized bill to document expenses.

8. For Health Care FSA expenses not covered by insurance, reimbursement requests will not be processed without acceptable evidence of your expenses. PayFlex will not accept canceled checks in lieu of a bill or receipt. Receipts must include the type of service, date expense was incurred, patient's name, name of the provider of service, and amount of expense. Statements showing only previous balances, or the amounts paid or balances due are not acceptable documentation.

9. You can fax your claims forms. PayFlex has established a toll-free fax number, (855) 703-5305, for the exclusive use of U-M FSA participants. Keep a copy of the fax transmission report as documentation the fax was successfully transmitted and received by PayFlex.

10. Keep a copy for your personal files for all documentation submitted to PayFlex. Bills or receipts cannot be returned.

11. Flexible Spending Account claims received by PayFlex, claims processor for the university's FSA accounts, will generally be reimbursed within 15 business days from the date PayFlex receives your claim form. Dependent care reimbursements will not exceed the balance in the account as of the first of that month.

12. Funds cannot be transferred between the two types of accounts. Participation cannot be transferred to a spouse.

13. All eligible claims must be submitted to PayFlex by the cutoff date, May 31 of the following year. Any funds that remain in the accounts as of June 1 of the following year will be forfeited in accordance with IRS regulations. There are no exceptions to this rule. In accordance with IRS regulations, the university uses forfeited funds to pay administrative costs of the FSA program.

Special Limits for Highly Compensated Faculty and Staff

14. The IRS allows pre-tax contributions to an FSA as long as the plan does not favor highly compensated employees (HCE) as defined by the IRS. You are considered "highly compensated" if you had family gross earnings of \$125,000 or more in the prior calendar year. In accordance with IRS regulations against discrimination, the Benefits Office examines FSA plans each year to ensure that they do not disproportionately benefit employees the IRS considers "highly compensated." The Benefits Office determines the amount that can be contributed to a Dependent Care FSA by an HCE at the beginning of each year (\$3,600), but if at any time during the year that ratio is not being met, the university will reduce contributions made by participants whose family gross earnings are \$125,000 or more to ensure compliance with IRS rules. If you are an HCE, your deduction may not exceed \$3,600 per family for a married couple filing jointly, or for a single parent. For an HCE married person filing separately the limit is \$2,500. If a Dependent Care FSA fails the nondiscrimination test, highly-compensated employees will be taxed on all of the dependent care assistance benefits they received during the calendar year. Employees who are not highly compensated are not affected by this rule.

General

15. This agreement expires no later than December 31, 2020. A new agreement is required each year you wish to participate.



HUMAN RESOURCES
BENEFITS OFFICE
UNIVERSITY OF MICHIGAN

Questions?

If you have any questions, view hr.umich.edu/benefits-wellness, or call the SSC Contact Center at 734-615-2000 or 866-647-7657 (toll free for off-campus long-distance calls within the U.S.), Monday through Friday from 8 a.m. to 5 p.m.

Receipt Confirmation

A confirmation email will be sent to your UMICH email address within 72 hours of receipt of your form.

How to Return Your Signed and Completed Form

By FAX

Fax it to 734-763-0363.

Keep a copy of the fax transmission report with your form in your records.

By Mail Only

Make a copy for your records and send the original by **Campus Mail or U.S. Mail** to:
SSC Benefits Transactions
Wolverine Tower
3003 South State Street
Ann Arbor, MI 48109-1276