UnitedHealthcare

UnitedHealthcare Benefit Services
P.O. Box 30506
Salt Lake City, UT 84130-0506
Phone: (877) 797-7475
Web: member.uhcbs.com

# Flex Benefit Plan Enrollment/Change Form

***Directions:***

**Employee - Complete Sections 1, 2 and 3**

**Employer - Please retain for your records. Changes must be reported online via employer.uhcbs.com**

***Please call UnitedHealthcare Benefit Services if you have any questions***

Change Type: Date of event____/____/ ____
- ☐ Address/Name change
- ☐ New Hire
- ☐ Termination (must complete COBRA form*)
- ☐ Change in Status_____
- ☐ Unpaid Leave of Absence

Return from Leave of Absence

*For Out-of-Pocket Medical Expense account participants

## 1 Employee Information

| Social Security Number — — | E-mail Address | Plan Year: From ____/____/____ To ____/____/____ |
|---|---|---|
| Employee Name (Last name, First name, Middle Initial) | | Effective Date: ____/____/____ (New Employees Only) |
| Employee Address (Street, Apt. #) | | How often are you paid? Bi-Weekly (26/year) |
| Employee Address (City, State, Zip Code) | | Weekly (52/year) Semi-Monthly (24/year) Monthly (12/year) Other_____ |
| Employer Name | | Employer Branch Location |

## 2 Flex Benefit Election

I hereby elect to participate in the Flex Benefit Plan offered by my Employer, thereby paying my expenses with before-tax dollars. I hereby authorize my Employer to reduce my income subject to taxes in the total amount stated below for the above Plan Year. If my group insurance requires a change in my contribution during the Plan Year I authorize my Employer to make the contribution adjustment.

**I. Dependent Day Care Expenses** *(Calendar year limit of $5000 per family OR $2500 if married and file separate tax returns)*
$_____ (Plan year Election Amt) ÷ _____ (No. of Paychecks) = $_____ **Amount Per Paycheck**

**III. Out-of-Pocket Medical Expenses** *(Expenses for Medical, Dental, Vision, etc.)*
$_____ (Plan year Election Amt) ÷ (No. of Paychecks) = $_____ **Amount Per Paycheck**

Do you or any of your family members participate in a Health Savings Account (HSA)? ☐ Yes ☐ No
*(If yes, medical expenses for the FSA are limited to dental, vision, and expenses incurred after my deductible is met under the high deductible health insurance plan sponsored with my HSA program.)*

☐ I hereby elect NOT to participate in the Flex Benefit Plan offered by my Employer, thereby paying my expenses with after-tax dollars. I also understand that I will have an opportunity to make a new election, if I so desire, prior to the beginning of each subsequent Plan Year, in accordance with the procedures described in the Plan Document.

## 3 Signature and Acknowledgment – The back of this form *must* be read before signing

This agreement will remain in effect for the Plan Year unless changed for reasons stated in the terms and conditions of the Plan on the back of this form. By affixing my signature below, I certify that I have examined this agreement and understand and agree to comply with the terms and conditions of the Plan. If this is a change in status, I certify that this change is consistent with the qualifying event. I agree to hold UnitedHealthcare Benefit Services and my employer harmless from any liability to my participation in this plan.

**Employee Signature**_____ **Date**____/____/____

## 4 Employer's Use only

| Category | First Payroll Date | Last Payroll Date | YTD Deductions |
|---|---|---|---|
| Day Care | __/__/__ | __/__/__ | $_____ |
| Medical | __/__/__ | __/__/__ | $_____ |

First Payroll Date applies if making a *new* election. Last Payroll Date and YTD Deductions apply if changing an *old* election or termination.

**Authorized Signature**_____ **Date**____/____/____

# TERMS AND CONDITIONS

By signing the front of this election form, I understand that:

The dependent day care expenses and out-of-pocket medical expenses that qualify under Section 125 of the Internal Revenue Code are separate flexible benefit accounts. My contributions to and expenses incurred for each flexible benefit account are separate and non-transferable from one account to another.

I will be reimbursed for out-of-pocket medical expenses at any point during the Plan Year up to the amount of my Plan Year Election. Dependent day care expenses will not be reimbursed in excess of the amount in my flex account, unless otherwise specified by my employer.

In order to change my election after the Plan Year has begun, I must experience a qualified Change in Status Event. Election changes due to a Change in Status Event must be made within a reasonable time (usually 30 days before or after the event unless otherwise specified in my Summary Plan Description) AND must be consistent with the change that took place as defined by the IRS Consistency Rule. The effective date of the election brought forth by the Change in Status Event is the later of the: (1) date of the Change in Status Event, or (2) the date you requested the change, except for the birth or adoption of a child where HIPAA special enrollment rules apply. The following chart outlines the qualifying Change in Status Events:

| **Events for employer-sponsored health-related and group term life insurance plans and the out-of-pocket medical expense account** |
|---|
| **Change in Status - Qualifying Events** |
| **1. Change in legal marital status** - Marriage, divorce, death of spouse, legal separation, and annulment.<br>**2. Change in the number of tax dependents** - Birth, adoption, placement for adoption, and death of a dependent.<br>**3. Change in employment status of the employee, employee's spouse or employee's dependent(s)** - Termination or commencement of employment, strike or lockout, commencement of, or return from an unpaid leave of absence, a switch between part-time and full-time employment, or a change in worksite.<br>**4. Dependent satisfies (or ceases to satisfy) dependent eligibility requirements** - Due to attainment of limiting age under the insurance plan, gain or loss of student status, marriage or any similar circumstance.<br>**5. Residence change of the employee, employee's spouse, or employee's dependent(s)** - Only allowable if the change in residence affects the employee's eligibility for coverage. |
| **Consistency Rule** |
| In order to change your election, the change must be on account of and correspond with a **Change in Status Event** that affects you, your spouse or your dependent's eligibility for the employer-sponsored benefit plan(s). In other words, the increase or decrease in your flexible benefit plan election amount must be consistent with the gain or loss of your eligibility to participate. If the Change In Status Event does not affect the eligibility of that insurance and/or out-of-pocket medical expense you cannot make the change. Special consistency rules also apply for the following situations: loss of dependent eligibility, gain of coverage eligibility under another employer's plan, and life or disability coverages. Should you need clarification of these events, please call UnitedHealthcare Benefit Services. |
| **Additional Change in Status - Qualifying Events** |
| Cost changes with automatic election increases/decreases,* significant cost increases,* significant coverage curtailment,* addition or elimination of benefit package options offered by your employer,* change in coverage of spouse or dependent under another employer's plan,* Family Medical Leave of absences as qualified under FMLA, HIPAA special enrollment rights, qualification and election under COBRA or state continuation,* Medicare or Medicaid entitlement or curtailment, or a judgment, decree or court order including a Qualified Medical Child Support Order.<br><br>* Does not apply to the out-of-pocket medical expense account. |
| **Events for Dependent Day Care Account** |
| Marriage, divorce, death, birth or adoption of a child of the employee, termination or commencement of employment of the employee's spouse, a switch between full-time and part-time by the employee or employee's spouse, taking an unpaid leave of absence or returning from an unpaid leave by the employee or employee's spouse, going on or returning from a Family Medical Leave of absence as qualified under FMLA. |

The Plan Administrator may reduce or cancel my compensation redirection or otherwise modify this agreement in the event it believes the reduction or cancellation is advisable in order to satisfy certain provisions of the Internal Revenue Code. Prior to each Plan Year I will be given the opportunity to change my Flexible Benefit Plan Election for the upcoming Plan Year.

My election of benefits shall cease upon termination of my employment. If my Employer is subject to COBRA, I may continue my out-of-pocket medical participation with after-tax contributions, if I so elect, pursuant to my rights under COBRA. If I do not elect COBRA for my out-of-pocket medical account, my benefits are limited to the time from which the Plan Year began and my last day of employment.

My Social Security benefits may be affected because I am lowering my taxable income by electing to participate in the Flexible Benefit Plan. This means that my Social Security benefits could be decreased because of the decreased amount of compensation which is considered for Social Security purposes. In most cases, my Flexible Benefit Plan election will not affect any other benefits I receive from my Employer. However, paying for disability income policies pre-tax will cause the benefits payable there under to be taxable.

To receive these tax-free benefits, I must plan ahead. Planning is important because the IRS says that I will lose any unused money in my flex accounts at the end of the Plan Year. These tax-free dollars can only be used for eligible dependent day care and out-of-pocket medical expenses that were incurred (not paid or billed) during the same Plan Year in which I set aside the money for. All claims must be submitted by the end of the Plan Year filing period. Any claims submitted after that time cannot be considered. Any monies forfeited may not be paid back to me in any manner or used to provide future benefits, according to IRS regulations.

*(c) 2007 United HealthCare Services, Inc. Insurance coverage provided by or through United HealthCare Insurance Company or its affiliates.*

M52985 5/13 © 2013 United HealthCare Services, Inc.