



State of Vermont Flexible Spending Account Enrollment Form

You must complete this form to start a tax-free account for either or both programs.

Name (Last, First, MI)		Social Security Number		Employee ID	
Street Address			City		State
Daytime Phone		Home Phone		Enrollment Status	
				<input type="checkbox"/> Open Enrollment <input type="checkbox"/> New Enrollee	

Health Care Flexible Spending Account Enrollment -- For health care expenses		
<p>Qualified expenses include medical, dental, vision, and hearing expenses for you & your tax dependents. Include only your expenses after reimbursement from insurance plans in this election. Please note that federal rules require that you submit a prescription in order to claim over-the-counter (OTC) drugs and medications. This does not affect OTC supplies such as Band-aids, contact lens solution, etc.</p>		
Annual Salary Reduction Amount (Annual Maximum of \$2,500)	Per Pay Period \$ _____	Annual Election \$ _____

Dependent Care Flexible Spending Account Enrollment -- For child/elder daycare expenses		
<p>Qualified expenses include charges for the care and well-being of a child or elder dependent while you work. DO NOT include medical expenses for your dependents in the DCAP enrollment section. Please include these expenses in your enrollment for the Health Care FSA program above.</p>		
Annual Salary Reduction Amount (Cannot exceed \$5,000, or \$2,500 if married and filing separate income tax returns)	Per Pay Period \$ _____	Annual Election \$ _____

How do you prefer ASIFlex to reimburse you for your claims? (select either Direct Deposit or Check)

Direct Deposit: If you choose to receive reimbursement by direct deposit, select one of these two options:

Please use the account information already on file with ASIFlex to issue reimbursements

Please use account information below to set up direct deposit (attach a voided check or copy of a check to this form)

Name of bank _____ 9-digit bank routing number _____ Account number _____

This is a checking account or savings account

If you choose to have your reimbursements deposited into your checking or savings account, how do you prefer ASIFlex to notify you of the deposit?

Notify me by e-mail. My e-mail address is _____ **OR** Mail the notice to my home address.

Check: If you choose to receive reimbursement by check, select this box. Mail a check to my home address.

I understand:

- I have requested tax-free paycheck deductions based on the number of paychecks I expect to receive in 2014. If enrolling during open enrollment, these deductions will start with my first paycheck in 2014. If enrolling in 2014, these deductions will start with the first pay period following the receipt and approval of this form, through December 31, 2014.
- The Flexible Spending Account benefits, and my rights and obligations under this plan, as specified in the *Flexible Spending Account Enrollment Guide*.
- This form cancels any prior elections I have made under this plan, and cannot be changed except as stated in the *Flexible Spending Account Enrollment Guide*.
- Elections during open enrollment are effective January 1, 2014 and are **collected equally from each paycheck** I will receive throughout 2014, or during my initial contracted period of employment with the State of Vermont.

Employee signature _____ **Date** _____