

C. H. Reams & Associates, Inc. / Chatham University
IRC SECTION 125 PLAN FLEXIBLE SPENDING ACCOUNT ELECTION FORM
JANUARY 1, 2017 – DECEMBER 31, 2017 PLAN YEAR

Name: _____ Effective Date: _____
Address: _____
DOB: _____ Home Phone: _____
E-mail: _____ SS #: _____

I have received and read the Summary Plan Description for the Chatham University IRC Section 125 Plan and understand the details in the Summary Plan Description regarding the various benefits offered under the Plan. I understand that no amounts will be contributed to a Health Care or Dependent Care Flexible Spending Account on my behalf unless I complete this form and return it to the Human Resources Office by December 15, 2016.

A. Health Care Flexible Spending Account

You may choose to contribute up to a total of \$2,600.00 during this January 1 to December 31 Plan Year to your Health Care Flexible Spending Account.

_____ I elect to contribute \$_____ to my Health Care Flexible Spending Account during this Plan Year.
My Monthly Contribution Amount = \$_____ ; or Bi-weekly Contribution Amount (*Union Employees*) = \$_____.

B. Dependent Care Expense Flexible Spending Account

You may choose to contribute up to a total of \$2,500 (single filing) or \$5,000.00 (joint filing) to your Dependent Care Expense Flexible Spending Account (depending on you or your spouse's estimated earned income). Only dependents under the age of 13 are eligible.

_____ I elect to contribute \$_____ to my Dependent Care Flexible Expense Spending Account during this Plan Year.
My Monthly Contribution Amount = \$_____ ; or Bi-weekly Contribution Amount (*Union Employee*) = \$_____.

Dependent's Name _____ Birthdate _____

Dependent's Name _____ Birthdate _____

C. Total Monthly Cost of Benefits Elected

Add the Monthly Contribution Amounts elected for Items A through B above. This "total amount" will be deducted from your monthly paycheck to pay for the cost of your elections.

TOTAL MONTHLY COST OF BENEFITS ELECTED = \$_____.

D. MySource Debit Card

Additional Card Name: _____

** All previously issued cards remain active unless you advise C.H. Reams & Associates of cardholder changes*

= Dependent
 = Spouse

This card allows you to pay for eligible charges at health, pharmacy, vision and dental locations without submitting a reimbursement form. Please retain your receipts at all times in case C. H. Reams requests copies to substantiate your claim. Employees will be prohibited from using their debit cards at non-health care-related merchants unless an Inventory Information Approval System (IIAS) is in place. The IIAS will ensure that cards are only used for eligible medical expenses.

I authorize Chatham University to reduce my regular compensation **before taxes are withheld**, by the amount set forth above, in approximately equal installments each pay period during the Plan Year. I understand that:

- I cannot change or revoke the above election or allocation amount until the next annual election period, except for changes in family status, as defined in the Plan.
- My Flexible Spending Account funds must be used for expenses *incurred* during the Plan Year and grace period which concludes on March 15, 2018. Any amount not used *will be forfeited*.
- Reimbursements will be available only for "qualifying medical expenses" and "qualifying dependent care expenses." I agree to notify the University if I have reason to believe that any expenses for which I have obtained reimbursement are not a qualifying expense. I also agree on demand to indemnify and reimburse the University for any liability it may incur for failure to withhold federal income tax or Social Security tax from any reimbursement I receive of a non-qualifying expense, up to the amount of additional tax actually owed by me.
- My FICA tax and the portion contributed by the University will be calculated on my reduced salary.

Employee Signature: _____

Date: _____

Asst. VP of HR Signature: _____

Date: _____