



EMPLOYEE FSA ENROLLMENT FORM

SALARY REDUCTION AGREEMENT

July 1, 2011 – June 30, 2012

Employer Name: Franklin Pierce University

Effective Date: July 1, 2011

Employee Name _____

Date of Hire: _____

Home Address _____

1st Deduction Pay Date: _____

Date of Birth: _____

Phone Number _____

Gender: Male ____ Female ____

E-mail Address _____

Social Security Number _____

I authorize my employer to make the following pre-tax salary reductions (check all that apply):

☐ ELIGIBLE INSURANCE PREMIUM CONTRIBUTIONS

☐ MEDICAL REIMBURSEMENT ACCOUNT (MRA)

\$ _____ X _____ = \$ _____
Salary Reduction per Pay Period Number of Pay Periods Total Plan Year Election (JULY 1, 2011 – JUNE 30, 2012)
(12 pay periods for exempt (MAX \$2,500)
24 pay periods for non exempt)

☐ DEPENDENT CARE ACCOUNT (DCA)

\$ _____ X _____ = \$ _____
Salary Reduction per Pay Period Number of Pay Periods Total Plan Year Election (JULY 1, 2011 – JUNE 30, 2012)
(Not to exceed \$5000 for Married couples filing jointly
or \$2,500 if married filing separately)

☐ I choose not to participate in the Section 125 Medical Reimbursement Account or the Dependent Care Account.

**To provide spouse and dependents with a CBI[®] Flex Card, complete the separate form
“Spouse and Dependent CBI[®] Flex Card Request/Change Form”.**

I understand that the choice I have indicated above will stay in effect for the remainder of the plan year, unless I have a qualifying change in my family status. I also understand that the amounts specified or implied above will reduce my pay in equal installments.

Should the amount represented by my choices as indicated above exceed my gross wages for any given pay period, I authorize my employer to carry forward the balance and recoup the balance and any prior outstanding balance from subsequent pay periods.

I also authorize my employer to deduct the balance through the current month from my final pay check in the event I terminate employment.

I have read the Section 125 summary plan description that explains how a Section 125 plan works, the restrictions and other considerations. I also understand that I must save receipts for all expenses in the event they are requested to substantiate a claim.

Signature: _____ Date: _____