Flexible Spending & Health Savings Account Deduction Agreement

New Enrollee Re-Enrollee/Change

All employees must complete this deduction agreement. To enroll in the Flexible Spending Account (FSA) or Healthcare Savings Account (HSA), please complete Parts 1 - 3 and check the **"New"** block in the upper-left corner. Indicate your participation choice in the appropriate block. *For a "**Re-Enrollee**, complete all parts and indicate which information has changed.* If enrolling in HSA, you cannot enroll in the medical FSA and vice versa.

Please print clearly. Incomplete and/or illegible forms will be returned.

Part 1 - Employee Information
a) Social Security Number:________________________________
b) Last Name:______________________________
c) First Name:_________________________ MI:___
d) Street Address: __________________________________
e) City:_____________________________ State:________ Zip: _________
f) Sex: Male Female
g) Date of Birth:_____________

Part 2 - Flexible Spending Accounts (FSA) and Health Savings Accounts (HSA) Elections
a) Flexible Spending Account-Medical (FSA)
I wish to contribute $_____ per pay period or $____ annually.
I do not wish to contribute

b) Flexible Spending Account- Dependent Care (Dep FSA)
I wish to contribute $_____ per pay period or $____ annually.
I do not wish to contribute

c) Health Savings Account (HSA)
I wish to contribute $____ per pay period or $____ annually.
I do not wish to contribute.
If an annual election is made, the contributions will be calculated based on the remaining pay periods.

Part 3 Authorization
I certify the above information to be correct and true to the best of my knowledge. I understand that any amount(s) not used for eligible expenses incurred during the plan year under the FSA will be forfeited in accordance with current plan provisions and tax laws. I further understand that the TOTAL PRE-TAX AUTHORIZED REDUCTION will be in effect for the plan year and cannot be revoked unless I experience a "major life event" as described in the summary plan description.

Employee's Signature:____
Date: ___________

Part 4- If You Decline Participation
The benefits of the plan have been thoroughly explained to me and I decline to participate.
Employee's Signature: ___________________________________
Date: ______________

For Human Resources Use ONLY
a) Enter Company Name: School of VISUAL ARTS b) Effective Date: ______________________________
c) Employee Date of Hire: _________
d) ***Effective Date of Change:*** _____________
e) Annual Salary:________________
f) Number of Pay Periods:______________________