Kent State University Benefits – 330-672-3107

Employee Name (PLEASE PRINT) ___________________________ BANNER ID ___________________________

DEPARTMENT ___________________________

Employee Type: □ Classified □ Unclassified □ Faculty

Health Care Flexible Spending Account
This pays for qualified out-of-pocket health care expenses for myself and qualified dependents that are not covered by my employer’s health plan or any other health plan.
Please indicate if you wish to participate in the Health Care Flexible Spending Account, and the amount you wish deducted from your pay.

☐ I choose to participate in the Health Care Flexible Spending Account. My total deposit for this year is $ ___________. I understand this total will be deducted from my pay in equal amounts from each month in which I receive base pay during the year. (Please enter a whole dollar amount between $120 and $2,600)

Dependent Care Flexible Spending Account
This pays for day care expenses for a dependent child, adult or elder, so that you may work. Eligible services include: nursery school, nanny and/or before/after school care through age 12, day care for a disabled adult or child, elder day care for parent or dependent, day camp through age 12.
Please indicate if you wish to participate in the Dependent Care Flexible Spending Account and the amount you wish deducted from your pay.

☐ I choose to participate in the Dependent Care Flexible Spending Account. My total deposit for this year is $ ___________. I understand this total will be deducted from my pay in equal amounts from each month in which I receive base pay during the year. (Please enter a whole dollar amount between $120 and $5,000)

I understand that my taxable income will be reduced each pay period during the year by an equal portion of the annual amount elected above and that qualified expenses will be paid on a tax-free basis. I understand that I may change my election only in the event of certain changes in my status and during annual open enrollment. I understand that the Flexible Spending Account card is available to pay only qualified expenses. I understand that qualified expenses paid with my Flexible Spending Account card or any other form of reimbursement cannot be reimbursed by any other plan and I will not seek reimbursement from any other source. In addition, the expenses for which reimbursement is sought will not be claimed as tax deductions. I understand when using the Flexible Spending Account card I must keep all receipts and that, on occasion, I may be asked for documentation of charges made with my Card. I acknowledge that I will forfeit any unused balance remaining in my Flexible Spending Account(s) at the end of the reimbursement period. I understand that if I separate employment from the University, I must submit all claims for reimbursement within 30 days of my separation.

Signature ___________________________ Date ___________________________

Effective Date: _______________

This form must be submitted to University Benefits at Heer Hall – Kent Campus.