

**EDUCATORS MUTUAL INSURANCE ASSOCIATION**

**FLEXIBLE SPENDING ACCOUNT  
ENROLLMENT/CHANGE FORM**

852 Arrowhead Lane • Murray, UT 84107 • (801) 262-7475 • (800) 662-5851 • www.educatorsmutual.com

\*\*\*You must re-enroll in a Flexible Spending Account each year that you wish to participate.

<b>Step 1: Employee Information</b>	Employer	Plan Year	Date of Hire
	Employee's Name		Date of Birth
	Street Address		Social Security Number
	City, State, Zip		Home Telephone
	Email Address		Work Telephone

<b>Step 2: Contribution Agreement</b>	<p>If you are a part of a company health insurance plan, your insurance premiums will automatically be paid pre-tax by payroll deduction. You may also choose any of the following benefits to add to your pre-tax deduction. There is an annual fee of \$24.00 for this service. (Do not include insurance premiums in Health Care contribution below.)</p> <p><input type="checkbox"/> Health Care (medical, dental, vision) \$ _____ per year</p> <p>The maximum annual Health Care election amount varies for each group. Please contact your employer or EMIA to verify your specific maximum annual Health Care election amount.</p> <p><input type="checkbox"/> Dependent Care (child, elderly) \$ _____ per year</p> <p>Maximum annual Dependent Care election amount is: \$2,500 single or \$5,000 couple.</p> <p>Administration Fee \$ 24.00 per year</p> <p><b>Subtotal</b> \$ _____ per year</p>	<p><input type="checkbox"/> Initial Request (New Employee)</p> <p><input type="checkbox"/> New Plan Year</p> <p><input type="checkbox"/> Mid-year Change (Attach proof of qualifying event)</p>
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<b>Step 3: Health Care Debit Card or Automatic Reimbursement</b>	<p>A Health Care Debit Card allows you immediate access to your Health Care FSA funds. Receipts or other forms of substantiation may be requested at a later date. Would you like a Health Care Debit Card? There is an annual fee of \$19.80 for this service.</p> <p><input type="checkbox"/> Send me a Health Debit Card and add \$19.80 to my annual deduction.</p> <p>\$ _____ per year</p> <p><b>Total Deduction</b> \$ _____ per year</p> <p>Automatic reimbursement is an option for employees who do not have coordination of benefits or the Health Care Debit Card. If you are eligible and want your processed Educators claims automatically reimbursed, check the box below. (You may not select both the Health Care Debit Card and Automatic Reimbursement.)</p> <p><input type="checkbox"/> Please automatically reimburse my Educators claims.</p>
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<b>Step 4: Optional Direct Deposit</b> <small>You need only complete this portion of the application if you have your FSA reimbursements deposited directly into your savings or checking account.</small>	<p>I hereby authorize Educators Mutual Insurance Association of Utah (EMIA) to deposit my Flexible Spending Account payments into my checking or savings account at my depository institution. This authority is to remain in effect until EMIA has received written notification from me that I wish to terminate the direct deposit benefit. I also agree to notify EMIA in writing within 30 days of any change in financial institution, account numbers, or status change that may affect my eligibility to participate in Flexible Spending.</p>	
	Name of Financial Institution	Phone Number
	Checking or Savings Account Number (Please include voided check)	Routing Number
	Employee's Signature	Date

<b>Step 5: Employee Signature</b>	<p>Choose One:</p> <p><input type="checkbox"/> <b>Enrollment:</b> I hereby request enrollment in the Flexible Spending Plan. I authorize my employer, until this authorization is revoked in writing due to a change in employment or family status, to reduce my gross salary by the appropriate amount. I understand that amounts contributed to the Flexible Spending Accounts are subject to forfeiture procedures under Section 125 of the Internal Revenue Code. I will be responsible to pay for any transactions not allowed by the plan.</p> <p><input type="checkbox"/> <b>Waiver:</b> I understand that I am eligible to participate in the Flexible Spending Plan, but elect not to do so at this time. I also understand that I may participate in the Flexible Spending Plan during the next available enrollment period.</p>	
	Employee's Signature	Date
	Employer's Signature	Date