



Flexible Spending Election Form

University of Dubuque 012
 January 1 2021 through December 31 2021
 Plan Year 2021

Section I - Employee Information				
Employee-Last Name	First Name	Initial	Date of Birth	Social Security Number
Street Address	City		State	Zip Code
Type of Election: <input type="checkbox"/> Annual Election <input type="checkbox"/> New Hire <input type="checkbox"/> Family Status change * see below				
Explanation for change in Family Status _____				
Effective date of this election (date of first paycheck with flexible spending reduction) _____				
Pay Period: bi-weekly /monthly				
Section II - Flexible Spending Agreement				
I hereby elect to have my salary reduced and a corresponding amount credited to my account in the elected plan(s) below. Any changes made through a qualifying event will be effective on the qualifying event date. I have read and understand the Summary Plan Description.				
I agree to notify the Company if I have reason to believe that any medical care expense for which I have obtained reimbursement is not a qualifying expense. I also agree to indemnify and reimburse the Company on demand for any liability it may incur for failure to withhold federal and state income tax or Social Security tax from any reimbursement I receive on any non-qualifying expenses.				
Section 125 agreement: <input type="checkbox"/> I authorize to have my premium contribution(s) for Medical and Dental Health (if any) withheld prior to taxes as provided in Section 125.				
Medical/Dental Election: <input type="checkbox"/> I authorize that my earnings be reduced in the amount of \$_____ (12, 26 deductions) for other medical/dental expenses, for a yearly contribution of \$_____ (\$2750 maximum).				
Dependent Care Election: <input type="checkbox"/> I authorize that my earnings be reduced in the amount of \$_____ (12, 26 deductions) for dependent care expenses, for a yearly contribution of \$_____ (\$5000 maximum).				
Employee's Signature	Date	Accepted by		Date
Section III - Declining Flexible Spending Coverage				
I hereby waive participation in the University of Dubuque Flexible Spending Account Plan for 2021. I understand I will not be able to elect participation until the new plan year begins.				
Employee's Signature	Date	Accepted by		Date