



Flexible Spending Account (FSA) Enrollment Form

Please complete and submit this worksheet to the Office of Human Resources. **This is an internal document used by USU. Worksheets returned to WEX cannot be processed.**

You can return this form via email: HR@usu.edu

Fax: 435-797-1816

or upload to this secure Box link: <https://usu.app.box.com/f/276925795c5042378eeb95ba4cbe4daf>

Step 1: Participant Information

Employer Name: Utah State University	Employee A#:
Participant Name:	Date of Birth:
Email Address:	

Step 2: Employee Premiums

If you have a payroll deduction for insurance premiums, eligible premiums will be deducted before taxes are calculated. You will automatically be enrolled in this portion of your Section 125 Plan.

Note: Insurance premiums are not eligible for reimbursement with your Medical Spending Account.

Step 3: Enrollment and Election Information

*Plan Type (If enrolled in an HSA, you are not eligible to enroll in the Healthcare FSA. However, you are eligible for Dependent Care FSA.)

Employee to complete	Healthcare FSA	Dependent Care FSA
Annual Election (the plan year goes from July 1 to June 30):		
Per Pay Period Amount (to be deducted each pay period, you are paid 1x/month):		

Step 4: Authorization

I authorize USU to reduce my pay on a per-pay-period basis as indicated above. I understand my reduction is for one flex plan year and that I cannot change or revoke my election unless I experience a qualifying event in accordance with Internal Revenue Code Section 125 and submit my request within 30 days as required by USU. I am aware of the plan's forfeiture provision and that my Social Security and federal unemployment benefits may be reduced because of my reduced salary for tax purposes. Further, I authorize the release of any information necessary to substantiate claims submitted against my Flexible Spending Account.

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Participant Signature

Date

