

WAYNE STATE UNIVERSITY

2011 Flexible Spending Account Handbook

Following are commonly asked questions and answers describing the basic features of the Flexible Spending Accounts and how they operate. Please review these questions and answers carefully. This is your benefit and it is important that you understand how it works and how it can help you. However, you should note that the questions and answers address only key parts of the Flexible Spending Accounts. If you have additional questions you can contact the IRS directly at 1-800-829-1040 or at <http://www.irs.gov/pub/irs-pdf/p502.pdf> for the IRS publication on Medical and Dental Expenses and at <http://www.irs.gov/pub/irs-pdf/p503.pdf> for the IRS publication on Child and Dependent Care Expenses.

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2011 Plan Administered by:

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GENERAL INFORMATION ON FLEXIBLE SPENDING ACCOUNTS

1. What is the purpose of the Flexible Spending Accounts?

The purpose of a Flexible Spending Account (FSA) is to permit eligible employees to elect to defer part of their pay on a pre-tax basis to defray the cost of their unreimbursed health care related expenses for themselves and their eligible dependents. Eligible employees are also permitted to take advantage of the same savings through the Dependent Care FSA.

2. When and how do I elect the Flexible Spending Account benefits?

You must complete and return the enrollment form or sign up electronically by **November 12, 2010** if you plan to participate during the 2011 open enrollment period. You must re-enroll in a Flexible Spending account every year. Your enrollment is not carried forward into future years.

If you are a newly hired employee who is eligible for flexible spending your enrollment becomes effective on the first day of the month following the date we receive your enrollment form or the date of eligibility. New hires are required to enroll by completing the FSA application and returning it to the Total Compensation and Wellness Department within 30 days of your date of hire. Expenses incurred before enrollment are not covered and the enrollment can not be retro-actively dated.

3. What is the effective date of the Flexible Spending Accounts?

The effective date of the Flexible Spending Accounts is January 1, 2011. The first payroll deduction will begin with the pay of January 5, 2011. There will be 26 equal deductions made for 12-month employees and 20 equal deductions made for 9-month employees whose accounts begin at the start of the year. New hires that enroll beyond the open enrollment period will receive fewer deductions. The deductions will continue through the last pay of 2011.

4. Who may participate in the Flexible Spending Accounts?

In general, you are eligible to sign up for our FSA's if your appointment is at least 50% time or greater and you are represented by one of the following employment groups: the American Association of University Professors – American Federation of Teachers (AAUP-AFT), UAW Local 1979 (P&A), Staff Association local 2017, Operating Engineers, Supervising Engineers, Public Safety Officers, Michigan AFSCME Council 25 Local 1497, Hotel Employees and Restaurant Employees local 24, Custodial Supervisors Local 517-M, and Non-Represented Employees.

5. What else should I know about the Flexible Spending Account benefit?

The IRS imposes certain restrictions on both Medical and Dependent Care Spending Accounts, including the following:

- Authorized salary reductions into your Spending Account may not be changed during the calendar year unless you experience an eligible change in status permitted under section 125 of the IRC.
- Under IRS rules, you will forfeit all unused funds in your Medical or Dependent Care Spending Account at the end of the filing period. This is known as the "use it or lose it" rule. Un-used Dependent Care balances will not be carried over to the next year. Dependent Care expenses eligible for reimbursement must be incurred during the plan year. Medical Care expenses can be incurred as late as 2 ½ months beyond the plan year. Any expenses beyond that point are not reimbursable. Dependent Care and Medical Care accounts can not be converted to cash. For this reason, you should estimate your anticipated expenses conservatively. Forfeitures will be determined after the run-out period, which is four months after the end of the calendar year.
- ABS, Inc. must receive claims for the 2011 benefit year no later than April 30, 2012.
- Claims for expenses incurred by non-IRS dependents are not reimbursable through a Flexible Spending Account.
- Claims for both medical and dependent care take approximately three weeks to process.

6. Does the amount I contribute to an FSA have any impact on the amount I am allowed to contribute to my retirement plan?

No. Pre-tax deductions do not impact the retirement benefits provided by the university.

7. Is there a lot of paperwork?

Less than you may think. To initiate the reimbursement process complete a claim form with each submission, attach your qualified receipts, and submit them to ABS. When submitting for uninsured or non payable health care expenses, it is important that you provide ABS with the explanation of benefits, and receipts from the insurance carrier. You will also need to complete a claim form with each submission. You may submit claims anytime during the year. For those with DMC CARE who elect to participate in a medical spending account, expenses can be automatically sent to the flexible plan administrator and paid without any paperwork on your part.

8. Are my Flexible Spending Account benefits taxable?

Under current law, the benefits you receive from a Flexible Spending Account are not currently taxable to you, nor are the benefits subject to Social Security (FICA) withholding taxes, federal, state, or city income tax withholding.

9. How do the Flexible Spending Accounts save me money?

How Reimbursement Accounts Save Money	WITHOUT Flexible Spending Accounts	WITH Flexible Spending Accounts
Joe Employee's annual taxable income	\$40,000	\$40,000
Pre-tax money deposited into Reimbursement Accounts	\$0	(\$2,000)
Joe Employee's remaining taxable income	\$40,000	\$38,000
Less Annual Taxes*	(\$13,060)	(\$12,407)
Joe Employee's take home pay	\$26,940	\$25,593
Take home pay spent on eligible health care and day care expenses	(\$2,000)	\$0
Joe Employee's disposable income	\$24,940	\$25,593
Annual Tax Savings	\$0	\$653

* This example is intended to demonstrate a typical tax savings based on 25% federal and 7.65% FICA taxes. Actual savings may vary based on your tax situation.

Remember that your actual savings will depend on the number of dependents you have, your gross income and the amount of your contribution to the Flexible Spending Account. The above illustrations may not be indicative of your situation. You may want to review your participation with your financial planner or your tax advisor.

10. Are there any reasons why I shouldn't participate?

As discussed above, any salary you elect to put into a Flexible Spending Account is free from income and FICA taxes. This is a valuable benefit. However, because amounts deferred into Flexible Spending Accounts are not counted as wages when determining your Social Security benefit, it is possible that there may be a reduction in the Social Security benefit you receive due to your retirement or disability. If your salary is above the Social Security Taxable Wage Base, which is \$106,800 in 2010, you will probably not be affected. If your salary is below the Social Security Taxable Wage Base, your Social Security benefits might be reduced. You should consult your own financial planner or tax advisor to determine the effects of electing to participate in a Flexible Spending Account.

11. Will I have to pay any administrative costs?

No, the university pays the annual administrative costs.

12. Can I change my election during the Plan Year?

Generally, you may not change or vary your elections during the plan year. The plan year is January 1 through December 31 of each year. There are exceptions to this general rule: You may change or revoke your election at any time during the Plan Year in the event of a family status event such as divorce, death of a spouse or a dependent, as defined by section 125 of the IRC.

13. When will my participation in the Flexible Spending Accounts cease?

If you elect to participate in the Plan, your participation will continue through the end of the plan year, as defined above for each account type, or when you separate from service with Wayne State University, whichever comes first. Separation includes retirement, resignation, termination and leave of absence. However, with the Medical Care Spending Account benefit, you may be eligible for continuation coverage under COBRA (see below).

14. What is continuation coverage?

If you participate in the Medical Care Spending Account benefit, a federal law known as "COBRA" gives you the right to continue coverage if you are eligible and your employment with Wayne State University is terminated for any reason other than gross misconduct.

Generally, continuation coverage will extend your plan coverage for 18 months. However, COBRA rules must be coordinated with the 12-month period of coverage rules for Flexible Spending Accounts.

Dependent Care FSA's are not subject to COBRA.

MEDICAL CARE SPENDING ACCOUNTS

1. What benefit is there in having a Medical Care Spending Account?

The Medical Care Spending Account benefit permits eligible employees to contribute pre-tax income to a Medical Care Spending Account. The Medical Care Spending Account will reimburse you on a pre-tax basis for your unreimbursed health related expenses. It is likely you will have some medical expenses that will not be covered by your health care insurance that you will have to pay for in the coming year. For example, you or your family may have medical expenses that are subject to deductibles and co-payments under the medical insurance plans offered through Wayne State University. Or, you may incur expenses that are not reimbursed at all, such as composite fillings, or acupuncture. Normally, you would pay for these expenses with after-tax income. The flexible spending account will offset your expenses by reimbursing you with tax-free money.

2. How does the Medical Care Spending Account benefit work?

Once you have determined your annual expected unreimbursed medical expenses for the plan year, you may elect to defer a portion of your salary into a Medical Care Spending Account maintained on your behalf.

You should take into account all health insurance deductibles and co-payments, as well as uninsured medical, dental, and vision care expenses not covered under a health plan. Generally, the expenses covered must be “medically necessary” as determined by a physician. Reimbursement of expenses must be for expenses incurred during the applicable coverage period unless you choose to prepay orthodontia expenses in a lump sum. Claims must be properly substantiated prior to reimbursement. Expenses deductible under IRS Code Section 213 generally may be reimbursed from a Medical Care Spending Account. For more detailed information on reimbursable expenses, you may call the Internal Revenue Service at 1-800-829-1040 for a copy of the IRS publication 502 or download the publication from <http://www.irs.gov/pub/irs-pdf/p502.pdf>.

Some expenses which cannot be reimbursed include premiums paid for coverage for you or your spouse’s medical and/or dental plan; nursing care for a healthy infant; elective cosmetic surgery; domestic help for primarily non-medical services; recreation and health club fees; dancing or swimming lessons; expenses not incurred during the plan year; marriage counseling; swimming pools; hot tubs; exercise equipment; or vacations. A more detailed list of both Eligible and Ineligible expenses can be provided upon request.

3. How much may I contribute to my Medical Care Spending Account?

The maximum amount you may elect to defer to a Medical Care Spending Account is \$5,000. The minimum amount is \$208.

4. I am worried about losing the unused fund in my account. How can I estimate my expenses?

The question is how do you determine how much to save in your FSA account. This is important because any money you do not get reimbursed for is lost. So, if you plan on \$750 in medical expenses, but only have \$500 in real expenses throughout the year, you lose that \$250.

If you keep meticulous records, this step is easy. Look through your previous years’ medical and dental expenses as a starting point. Perhaps add any large expenses you know are coming your way (orthodontics, dental procedures etc.). For those who didn’t track every expense for the last several years, here are some guidelines:

1. **Know what expenses qualify and identify which of those expenses you typically incur** - Chiropractor visits, some over-the-counter medications, and weight-loss program fees (with a doctor’s note). This document provides a list of what expenses qualify on page 9.
2. **Determine what you spent last year** - Look at your last medical and dental EOB’s - many will show the total you have spent on medical visits/services throughout the year. This won’t include all your medical expenses, but it’s a start.
3. **Calculate routine expenses** – Include items such as eye exams, contacts, birth control pills, co-pays and deductibles.
4. **Plan for non-routine expenses such as surgeries, babies, major dental work** - It’s definitely worth calling your doctor’s or dentist’s office for a cost estimate. Ask to speak with the person who does the billing.

Add these figures up, and you’ve got an idea of how much you will probably spend in the next year.

5. What should I do if I haven’t kept my pharmacy receipts?

You can ask your pharmacist for an itemized list of purchases for a specific period. All pharmacies will provide you with this information if you allow them the time to prepare it.

DEPENDENT CARE SPENDING ACCOUNTS

1. What benefit is there in having a Dependent Care Spending Account?

The Dependent Care Spending Account benefit permits eligible employees to contribute pre-tax income to a Dependent Care Spending Account. If you have dependents, you may have expenses for dependent care. For example, you may have dependent care expenses for private baby-sitters, private preschool program, latch key services, or licensed daycare (elder care or child care). Normally you would pay for these expenses with after-tax income. The Dependent Care Spending Account will reimburse you on a pre-tax basis for your eligible dependent care expenses.

Since there is also an after-tax credit available to individuals filing federal income tax returns, your participation in a Dependent Care Spending Account must be weighed against the after-tax credit for which you may be eligible.

2. How does the Dependent Care Spending Account benefit work?

Once you have determined your annual predictable dependent care expenses for the plan year, you may elect to defer a portion of your salary into a Dependent Care Spending Account maintained on your behalf.

In order to get reimbursed for Dependent Care expenses the expenditures must be incurred and paid (not billed, or prepaid) during the applicable coverage period. Only dependent care expenses may be reimbursed from a Dependent Care FSA. Claims must be properly substantiated prior to reimbursement. The definition of a dependent for a Dependent Care FSA is any person who either:

- may be claimed as a dependent on your tax return and who is under age 13,
- may be claimed as a dependent on your tax return and who requires full-time care because of physical or mental incapacity, or
- is your spouse, who is physically or mentally incapable of caring for himself or herself.

Proof of the dependent's age and tax status must be available for verification purposes if required. Proof of the dependent care provider's tax identification number or social security number is also required before a claim will be processed.

3. How much may I contribute to my Dependent Care Spending Account?

The Dependent Care Spending Account maximum is dependent on your tax filing status:

If you are married and file a joint return, the maximum is the lesser of

- your earned income,
- the earned income of your spouse or
- \$5,000 annually.

(Verification that your spouse's income exceeds \$5,000 is required to enroll in a Dependent Care Spending Account.)

If you are married and file a separate tax return, the maximum is the lesser of

- \$2,500 or
- your earned income.

If you are single and file head of household, the maximum is the lesser of

- \$5,000 annually or
- your earned income.

The minimum amount is \$208 annually.

If your spouse participates in a Dependent Care Spending Account through another employer and you file a joint return, the total amount both of you contribute cannot exceed \$5,000. You are responsible for coordinating your contributions to a Dependent Care Spending Account with your spouse's so the \$5,000 limit is not exceeded.

4. What is the difference between the Tax Credit for After-Tax Expenses for Child Care and the Flexible Spending Account for Pre-Tax Dependent Care Expenses?

Tax Credit for After-Tax Expenses

Individuals are allowed to take a credit on their tax return against income tax if they pay for eligible dependent care expenses using after-tax dollars. The credit is 35 percent of eligible expenses for those with family income of \$15,000 and under and scales down to 20 percent of expenses. The amount of eligible expenses is capped at \$3,000 per year for one dependent, and \$6,000 per year for two or more dependents.

Dependent Care Spending Accounts

Dependent Care Spending Accounts provide a different type of advantage. Through the use of pre-tax salary reduction contributions to the account, an employee can reduce his or her taxable income, thereby reducing both income tax and FICA tax obligations. An employee can contribute up to \$5,000 toward eligible dependent care expenses paid through a Dependent Care Spending Account.

Choosing Between After-Tax and Pre-Tax

When both pre-tax Dependent Care Spending Accounts and the after-tax credit options are available, you need to determine which approach is more advantageous. The answer can vary from person to person.

The comparison of the pre-tax and after-tax approaches for paying for dependent care expenses is only necessary for employees whose income is \$24,000 and under. When family income exceeds \$24,000, the combined income tax and FICA tax savings from using the pre-tax spending account will be more advantageous for the employee.

Other general rules of thumb apply. Those with the lowest family incomes do not have to pay any federal tax. Therefore, they cannot take advantage of the after-tax credit. But if they pay FICA taxes, they will see savings from using the pre-tax Dependent Care Spending Account. Also, when the amount of dependent care expenses exceeds the maximum allowed for the tax credit (\$3,000 for one dependent and \$6,000 for two or more), the tax advantage from using the Dependent Care Spending Account generally will be greater.

The earned income tax credit has no effect on the results of these calculations. The definition of "earned income" includes any salary reduction amounts the employee puts in a Dependent Care Spending Account, so the earned income tax credit will be the same for the employee no matter which approach is used.

For lower-income employees, dependent care expenses can represent a relatively large portion of income. Therefore, salary reduction could have a negative effect on future Social Security benefits. This consideration may outweigh current tax savings, especially when the tax savings are small.

IRS Publication 503, Child and Dependent Care Expenses should be consulted for detailed explanations of the after-tax credit and allowable expenses under Dependent Care Spending accounts. The publication can be obtained by calling the IRS at 1-800-829-1040. or at <http://www.irs.gov/pub/irs-pdf/p503.pdf>.

FILING CLAIMS

Medical Expenses

The claims administrator for the 2011 Medical Care Spending Account is Automated Benefit Services, Inc. They will provide reimbursement for medical expenses only after the employee has submitted evidence that an expense has been incurred and was not covered by that employee's medical insurance. Reimbursement will only be made to the employee, or in the event of the employee's death, to the estate of the employee.

To receive reimbursement, you must submit a completed claim form, the itemized bill for the expense, or the explanation of benefits indicating the insurance company's disposition, and proof of payment, of the claim and such other information as ABS, Inc. requires. When ABS, Inc. approves the claim, you will be reimbursed up to the full amount of the eligible expense not to exceed your elected Medical Care Spending Account annual amount less any amount already reimbursed during the plan year. According to IRS rules, the full reimbursement amount agreed to at the beginning of the year must be available for reimbursement at the beginning of the plan year.

This means that even though your contributions at the time the claim is submitted may be less than the amount of the claim, you will receive reimbursement for the full amount of the claim as long as that amount does not exceed the annual amount you agreed to.

For example, the annual amount you agreed to contribute is \$390 or \$15 per pay period. On February 1, you submit a claim for \$200 for reimbursement. As of February 1, you have contributed \$30 to the Medical Care Spending Account. Since the full amount must be available at the beginning of the year, you will receive reimbursement of \$200 even though you have only contributed \$30. On March 1, you submit another claim for \$200. You will receive reimbursement of \$190 since you have already received reimbursement of \$200 previously and the amount you agreed to annually is \$390. The \$15 deductions will continue to be taken from your paycheck for the remainder of the calendar year. You will not receive any further reimbursements.

Those individuals with DMC Care medical insurance and a Medical Care Spending Account should elect whether or not automatic reimbursement is desired. If automatic reimbursement is elected and the medical claim is applied toward the deductible or co-pay, or denied, it will automatically be reimbursed from your Medical Care Spending Account. If automatic reimbursement is not elected, a separate claim will have to be submitted to ABS, Inc. to receive reimbursement.

Dependent Care Expenses

The claims administrator in 2011 for the Dependent Care Spending Account is ABS, Inc. Reimbursement of a dependent care expense will be made by ABS, Inc. only after the employee has submitted evidence the expense was incurred and will only be made to the employee, or in the event of the employee's death, to the estate of the employee.

To receive reimbursement, you must submit a completed claim form, the itemized bill for the dependent care, and such other information as ABS, Inc. requires including the dependent care provider's tax identification number or social security number. When the claim is approved, you will be reimbursed up to the full amount of your eligible expense not to exceed the amount accumulated in your Dependent Care Spending Account. Claims take approximately three weeks to process.

The address to submit claims is:

ABS, Inc.
8220 Irving Road
Sterling Heights, MI 48312

The phone number to inquire about claims is:

1(800) 645-9978

Please note that every effort has been made to ensure the accuracy of the benefits information in this handbook. However, if any provision on the benefits plans is unclear or ambiguous, the Total Compensation and Wellness office reserves the right to interpret the plan and resolve the problem. The university in its sole discretion may modify, amend, or terminate the benefits provided with respect to any individual receiving benefits.

Examples of Eligible Expenses – Health and Dependent Care Reimbursement Accounts

The following list, while not intended to be complete, illustrates some of the medically related expenses and dependent care expenses which are covered by the Flex Spending Accounts. Feel free to call 1(800) 645-9978 for additional information or clarification.

Abortion	Mileage for medical purposes-14 cents per mile
Acupuncture	Nonprescription nicotine patches and gum **
Alcoholism & Drug Abuse treatment	Nutrition counseling
Ambulance	Nutritional supplements**
Artificial limbs	Obstetrical expenses
Aspirin **	Orthodontia
Braces	Orthopedic shoes
Braille books and magazines	Osteopaths
Child care expenses	Over the counter drugs and medicines**
Chiropractors	Oxygen
Coinsurance payments	Pap smears
Contact lens solution & cleaners	Podiatrists
Contraceptives (prescription and over-the-counter)	Pregnancy tests
Crutches	Prescription drugs*
Deductible amounts	Psychiatric care
Dental expenses*	Psychologist expenses
Dentures	Routine physicals and other non-diagnostic services or treatments
Dermatologists	Seeing-eye dog and its upkeep
Diagnostic expenses	Smoking cessation programs; prescribed drugs designed to alleviate nicotine withdrawal
Doctors' charges*	Special education for handicapped
Eyeglasses and contact lenses, including examination fee	Surgical expenses
Handicapped persons, care and support	Therapy treatments (physical, occupational, speech)
Hearing devices and batteries	TMJ-related expenses
Herbal supplements**	Transportation expenses for medical purposes
Home improvements motivated by medical considerations (e.g., ramps, plumbing)	Tutoring for children with learning disabilities
Hospital bills	Vitamins**
Infertility treatments	Weight loss program **
Insulin	Well-baby care
Laboratory fees	Wheelchairs
Laser eye surgery or Radial Keratotomy	Wigs*
Lamaze Classes directly related to birth of baby for mother only	X-rays
Licensed practical nurses	

**Unless strictly for cosmetic reasons*

****If prescribed by a physician as medically necessary for a condition and a specific timeframe. A copy of your prescription must accompany your request for reimbursement.**

Examples of Expenses NOT Eligible

HEALTH CARE EXPENSES	Premiums for group health coverage maintained through your spouse's employer or individual health coverage premiums
Burial expenses	Cobra premiums
Breast pumps – unless prescribed as medically necessary by a physician for a specific medical condition	Teeth bleaching or bonding
Cosmetic Surgery procedures (unless necessary to eliminate a deformity related to a birth defect, a personal injury resulting from an accident or Trauma, or a disfiguring disease)	Toiletries and cosmetic over the counter items
Ear piercing	
Health Club dues, swimming lessons	DEPENDENT CARE EXPENSES
Illegal operations or treatments	Amounts paid for the care of a person in a nursing home or convalescent facility
Importation of prescription drugs from foreign countries	Amounts paid to your spouse, dependent, or child under the age of 19
Items paid or payable by insurance	Cost of food, clothing, shelter, insurance, medical treatment or vacations of a qualifying dependent
Marriage counseling	Educational expenses for any child after the pre-school level
Maternity clothes	Items you intended to claim as a credit for federal taxes
Nursing care for a normal, healthy baby	Overnight camp expenses



Please check one: <input type="radio"/> 9 Month Employee <input type="radio"/> 12 Month Employee
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2011 Flexible Spending Account Application

Health Care Spending Account

A Health Care Reimbursement FSA will allow you or an eligible dependent the option to save tax dollars on health care expenses. The minimum allowable annual deposit is \$208, and the maximum is \$5,000 for the plan year. Please elect your per pay period deposit.

For open enrollment subscribers only:

Divided by 20 if 9 month employee = \$ _____

Pay Period Amount (**MUST be rounded down to next penny**)

\$ _____
Total Annual Amount **or**
(can not exceed \$5,000)

or

For open enrollment subscribers only:

Divided by 26 if 12 month employee = \$ _____

Pay Period Amount (**MUST be rounded down to next penny**)

For DMCCARE Participants Only:

Elect automatic reimbursement:

Yes _____

No _____

Note: If elected, when a medical claim is applied toward the deductible, copay, or has been denied, reimbursement from the flexible spending account will be automatic. If not elected, a separate spending account claim will have to be submitted.

Dependent Care Spending Account

A Dependent Care Reimbursement FSA will allow you to save tax dollars on dependent care expenses. The minimum allowable annual deposit is \$208, and the maximum is \$5,000 for the plan year. Please elect your per pay period deposit.

For open enrollment subscribers only:

Divided by 20 if 9 month employee = \$ _____

Pay Period Amount (**MUST be rounded down to next penny**)

\$ _____
Total Annual Amount
(can not exceed \$5,000)

or

For open enrollment subscribers only:

Divided by 26 if 12 month employee = \$ _____

Pay period Amount (**MUST be rounded down to next penny**)

IMPORTANT: The amount you can deduct is limited to the lesser of your earned income or your spouse's earned income and is not to exceed \$5,000.

I elect to have the amount(s) stated above deducted each pay for 20 pays if I'm employed nine-months or 26 pays if I'm employed 12 months of the year. I understand this election will begin January 1, 2011 and is binding through December 31, 2011. I can only make midyear changes or enroll in a FSA if I experience a qualified status change as defined by the IRC.

New Employee

Hire Date: _____

Open Enrollment

Social Security Number Banner ID Number Name Date of Birth Sex (M/F)

Street Address City State ZIP CODE

Job Title Union Affiliation Phone number Employee Signature Date

Return to Total Compensation & Wellness, 5700 Cass Avenue, Suite 3638 A/AB, Detroit, MI 48202 | Phone: (313) 577-3717