HANFORD EMPLOYEE WELFARE TRUST (HEWT)

FSA ENROLLMENT APPLICATION

Flexible Spending Accounts Check one: ◯ Initial ◯ Change ◯ Cancel

(Please Print)

Employee Name: _____ Payroll No.: _____

Date of Employment: _____ Social Security No.: _____

Telephone No.: _____

Employer: _____

Life Event (if applicable)*: _____

_____

***Must be consistent with change/cancellation of enrollment per IRC Section 125.**

Dependent Care Spending Account	**Health Care Spending Account**
I hereby authorize my employer to reduce my earnings by $_____ for the applicable Plan Year for deposit into my Dependent Care Flexible Spending Account, and to make this money available to me for the reimbursement of eligible out-of-pocket dependent care expenses.	I hereby authorize my employer to reduce my earnings by $_____ for the applicable Plan Year for deposit into my Health Care Flexible Spending Account, and to make this money available to me for the reimbursement of eligible out-of-pocket health care expenses.

I understand that I will forfeit any unused balance in my account at the end of the plan year. **Reimbursement requests must be submitted by March 31 following the end of the Plan Year.** I also understand that I cannot change my plan participation unless I have a change in life status as defined by Internal Revenue Code (IRC) Section 125.

Signature _____ Date _____

Deductions will be taken once per month from the 2nd pay check of the month for non-bargaining, salaried employees. Deductions will be taken once per month from the 4th pay check of the month for bargaining unit employees.

Your minimum annual election for Dependent Care is $120 and your maximum annual election is $5,000. Your minimum annual election for Health Care is $120 and your maximum annual election is $5,000. Your deductions will be credited monthly to the Flexible Spending Account(s) you have selected. Your salary reduction will be made on a pre-tax basis in accordance with the IRC Section 125 guidelines. Please contact the Plan Administrator if you do not want the deductions taken pre-tax.

For FSA plan provisions, see the Summary Plan Description at:
Internal website: http://www7.rl.gov/rapidweb/HRWEB/index.cfm?PageNum=35
External website: http://www.hanford.gov/hR/bennies/ACTIVES.htm

Please retain a copy for your records.

OFFICIAL USE ONLY

!! MUST READ !!

Flexible Spending Accounts (FSAs) Information

Read the Summary Plan Description Spending Accounts prior to enrolling.

Internal website: http://www7.rl.gov/rapidweb/HRWEB/index.cfm?PageNum=35
External website: http://www.hanford.gov/hR/bennies/ACTIVES.htm

Eligibility:

You are eligible to participate in the FSAs if you are a salaried non-exempt or exempt, HAMTC-Represented, or HGU-Represented regular full-time or part-time employee of a sponsoring Employer of the Hanford Employee Welfare Trust (HEWT), working a minimum of 20 hours per week.

Life Event:

Certain events, as defined by IRS regulations, may occur that will allow you to change or cancel your contributions during the year, **as long as the requested change is consistent with the event**. These qualifying events are:

- if you get married, divorced or legally separated;
- if you have a baby or adopt a child;
- if your spouse, or other eligible dependent, dies;
- if a dependent ceases to be eligible;
- if you or your spouse switch from full-time to part-time employment;
- if you or your spouse switch from part-time to full-time employment; or
- if your spouse loses or gains employment.

If approved, the change must be made, in writing, within 31 days of the event.

Exclusions:

There are certain expenses which are **not** allowable under either FSA. These include:

- expenses incurred before the date you are eligible to participate in the account;
- expenses incurred after you leave the plan for any reason;
- expenses claimed as a deduction or credit for Federal income tax purposes;
- health care, dental, vision, or hearing expenses which have been reimbursed through any other policy or plan; and
- medical expenses that have been reimbursed through Medicare or any other Federal or State program.

Also read the Summary Plan Description, Spending Accounts, for information on Exclusions.