

## Maricopa Community Colleges Flexible Spending Accounts Enrollment Form

Employee Name \_\_\_\_\_ College Location \_\_\_\_\_ MCCCCD Employee ID \_\_\_\_\_

Mailing Address (Street, Apt No., PO Box, etc.) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Employee Phone number \_\_\_\_\_

- 12 month non-faculty employee     
  9, 9 ½ or 10 month employee (includes Faculty on 9 month pay)     
  Faculty on 12 month pay
- New Hire      Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Open Enrollment      Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Change of Status /Event: \_\_\_\_\_      Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*(Prior to submitting a new enrollment form for a change in family status, contact Zenith Adm. for approval. The new enrollment form must be submitted to Compensation within 30 days of the event.)*

I have elected to participate in the Flex Benefits Flexible Spending Account(s) as indicated below and to deduct from my salary on a pre-tax basis, the amount I have designated.

- Medical, Dental or Vision Care (Employee and/or Dependents)**  
**Flexible Spending Account (Plan Type 60)**      \$ \_\_\_\_\_ per calendar year  
 (\$6,000 maximum per eligible MCCCCD employee effective 01/01/2009)
- Child or Dependent Care (Daycare)**  
**Flexible Spending Account (Plan Type 61)**      \$ \_\_\_\_\_ per calendar year  
 (\$5,000 combined maximum if both spouses are employed by Maricopa Community Colleges)

**AUTOMATIC MEDICAL REIMBURSEMENT OPTION**

\_\_\_\_\_ I would like my (employee and/or dependents) patient financial responsibility (out of pocket costs) from all medical claims to be automatically transferred to my Flexible Spending Account for reimbursement. This means I will not have to submit a reimbursement claim form nor Explanation of Benefits (EOBs) for eligible medical expenses submitted to Zenith by my medical providers. (This only pertains to medical claims for employees/dependents covered by the Maricopa Community Colleges medical plan.)

I hereby certify that I have read and understood the rules regulating the Flex Benefits Flexible Spending Accounts as defined in the Maricopa Community Colleges Employee Benefits Program. If I have elected to participate in the Flexible Spending Accounts, I authorize Maricopa Community Colleges to reduce my salary on a pre-tax basis by the amount designated above and deposit in the appropriate Flexible Spending Account(s) established in my name. I understand that:

**My Participation in the Flexible Spending Account(s) cannot be changed or canceled during the current plan year unless I have a qualifying change in family status event. Should my participation in the Flexible Spending Program end due to termination of employment, I have 90 days following the date of termination to submit expenses incurred up to my termination date.**

**Any forfeited amounts in my Flexible Spending Account(s) at the end of the "grace period" of the corresponding plan year will become the property of the Maricopa Community Colleges. (The grace period, January 1<sup>st</sup> through March 15<sup>th</sup>, as defined by IRS (Notice 2005-42) permits employers to give cafeteria plan participants an additional grace period of up to 2 ½ months in which to use contributions or benefits that were not used by the end of the plan year.) The deadline to file prior year claims is April 15<sup>th</sup>.**

**Any expenses reimbursed to me from my Flexible Spending Account(s) do not qualify as a deduction on my Federal and/or State income tax return(s).**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit completed forms to: MCCCCD Benefits Department,  
2411 W. 14<sup>th</sup> Street, Tempe, AZ 85281-6942 FAX: 480-731-8484**