

**BALDWIN WALLACE UNIVERSITY
FLEXIBLE BENEFITS ENROLLMENT FORM**

JANUARY 1, 2021 – DECEMBER 31, 2021

Name: _____
(Please Type or Print)

Colleague #: _____ Department: _____

☐ **New Enrollment** ☐ **Decline Enrollment** ☐ **Change in Family Status**

Medical Reimbursement Account (FSA) May Not Exceed \$2,750.00

Total for Plan Year 2021 is \$ _____

Per pay please deduct \$ _____

- ☐ **26 pays for Bi-weekly employees**
☐ **12 pays for Monthly employees**

Dependent Care Reimbursement May Not Exceed \$5,000.00

Total for Plan Year 2021 is \$ _____

Per pay please deduct \$ _____

- ☐ **26 pays for Bi-weekly employees**
☐ **12 pays for Monthly employees**

- By signing below, I understand that I am authorizing Baldwin Wallace University to reduce my compensation by the amount I have selected for the Medical and/or Dependent Care Reimbursement Account.
- I also understand that I may not change my selection for 2021, unless I have a change in my family status, which would allow a new selection for 2021.
- I further understand that any remaining amount in my Dependent Care Reimbursement account at the end of the Plan Year (December 31) that is not eligible for reimbursement will be forfeited.
- I further understand that any remaining amount in excess of \$500.00 in the Medical Care Reimbursement Account at the end of the Plan Year (December 31) that is not eligible for reimbursement will be forfeited.

Employee Signature

Date

Medical and Dependent Claim Forms available on Flex Save's website at www.myflexonline.com.

NEW ENROLLMENT PLEASE COMPLETE BACKSIDE SIDE →

New Enrollment

If this is a First Time Enrollment or if any of the following information has changed since last enrollment period, you must complete the fields below.

Employee Name (please print):

First name: _____ M.I.: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Date of Birth: _____

Gender: ☐ Male ☐ Female

Marital Status: _____

Email Address: _____ Hire Date: _____

Spouse Name (if applicable):

First name: _____ M.I.: _____ Last Name: _____