



## REMOVE THIS INSTRUCTION SHEET IN ORDER TO COMPLETE THE ATTACHED ENROLLMENT FORM

### EXPLANATION OF FLEXIBLE BENEFITS AND FLEX POOL BENEFITS

It is the time of year to make your decision regarding the FLEXIBLE SPENDING PROGRAM for the calendar year 2010. This page contains basic information needed to understand the program. To participate, please **COMPLETE** the enrollment form and **RETURN** the original and a copy to the Human Resources Department by November 30, 2009.

**Enrollment forms for 2010 will not be accepted by Human Resources after that date.**

#### **FLEXIBLE SPENDING ACCOUNT (Faculty, Administration and Support Staff)**

The Flexible Spending Account allows you to designate an amount of your pre-tax compensation to cover expenses such as dependent childcare and non-reimbursed medical expenses.

**Deduction will begin with the 2nd pay period of January.**

If you wish to participate in the Flexible Spending Account (FSA), you have the following options:

- 1) Allocate to your Health Care Account on a pre-tax basis. (Maximum allocation \$3,000)
- 2) Allocate to your Dependent Care Account on a pre-tax basis. (Maximum allocation \$5,000)

Employees who have elected 26 method of pay will have 23 deductions throughout the calendar year  
Employees who have elected 21 method of pay will have 18 deductions throughout the calendar year

#### **Example of Flexible Spending account deduction:**

$\$500.00 \div 23 = \$21.74$  (for 26 method of pay)

or

$\$500.00 \div 18 = \$27.78$  (for 21 method of pay)

The Internal Revenue Service mandates that money designated to these accounts but not used, cannot be returned to the individual. This is known as "Use It or Lose It!"

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#### **FLEX POOL (Faculty/Administration)**

Allocated amounts will begin the 1st pay period in January. The CASH amount of the Flex Pool (not to be confused with the Flexible Spending Account above) for 2010, for each eligible employee, will be \$762. This amount will be allocated to you starting the first pay period of 2010. Employees on a 21-paycheck schedule will receive \$40.11 in each of 19 paychecks, and employees on a 26-paycheck schedule, will receive \$31.75 in each of 24 paychecks.

#### **FLEX POOL (Support Staff)**

Allocated amounts will begin the 1st pay period in January. The CASH amount of the Flex Pool (not to be confused with the Flexible Spending Account above) for 2010, for each eligible employee, will be \$350. This amount will be allocated to you starting the first pay period of 2010. Employees on a 21-paycheck schedule will receive \$18.43 in each of 19 paychecks, and employees on a 26-paycheck schedule, will receive \$14.59 in each of 24 paychecks.

General Guideline Information is available on the Subscriber's copy of the Enrollment Form.

**MONROE COMMUNITY COLLEGE  
FLEXIBLE BENEFITS PROGRAM**



***ENROLLMENT FORM***

Faculty/Administrative <input type="checkbox"/> Support Staff <input type="checkbox"/> 26 Method of Pay equates to 23 deductions per year 21 Method of Pay equates to 18 deductions per year		
EMPLOYEE NAME (PLEASE PRINT)		SOCIAL SECURITY NUMBER/M#
ADDRESS		
CITY	STATE	ZIP CODE

***FLEXIBLE SPENDING ACCOUNT***

Pre-Taxed

Health Care Account

\_\_\_\_\_   
 *Total 2010 Election Available for Reimbursement*

Dependent Care Account

\_\_\_\_\_   
 *Total 2010 Election Available for Reimbursement*

OFFICE USE ONLY Pay Period Amount  _____  _____
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**Automatic Claims Transfer**

Eliminates submitting an Excellus claim form for co-payments and deductible amounts. These will automatically be transferred to your FSA account for reimbursements.

You may select automatic claim transfer if you meet any of the following conditions:

- 1) Your health care is with Excellus;
- 2) Your dental care is Excellus, and;
- 3) You do not have health or dental coverage through your spouse providing coordination of benefits.

**MAXIMUM ANNUAL CONTRIBUTION ALLOWED:**

Health Care Account	\$3,000.00
Dependent Care Account	\$5,000.00

I hereby elect to participate in MCC's Flexible Spending Account for the pay year beginning \_\_\_\_\_ and ending **12/31/2009**. Any previous election and compensation reduction agreement relating to the same benefits is hereby revoked.

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

The College will pay for all administrative processing fees for the year 2010.

*The pay reduction may not be effective for any pay period that begins before you have signed this form and returned it to the Plan Administrator*

Distribution: White - BC/BS  
 Yellow - Human Resources  
 Pink - Employee

## **GENERAL GUIDELINES FOR FLEXIBLE SPENDING ACCOUNTS**

- 1) I cannot change or revoke this agreement at any date prior to the next plan year unless I have a change in family status as set forth in the Adoption Agreement and Summary Plan Description. Prior to my next plan year, I will be offered the opportunity to change my benefit election for the following year.
- 2) My salary will be reduced by the amount of my required contribution for the benefit option(s) I have elected, continuing for each succeeding pay period until this agreement is amended or terminated.
- 3) The reduction in my cash compensation under this agreement will be in addition to any reductions under other agreements or benefit plans. If my required contributions change while this agreement is in effect, my salary reduction will automatically be adjusted to reflect that change.
- 4) The plan administrator may change the amount of my salary reduction or otherwise modify this agreement if he/she believes it is required to satisfy provisions of the Internal Revenue Code.
- 5) The amount of my compensation reduction will be credited to the appropriate reimbursement account on MCC's books for payment of eligible expenses incurred within the plan year.
- 6) Reimbursement will be available only for qualifying expenses. I agree to notify MCC if I have reason to believe that any expenses for which I have obtained reimbursement is not a qualifying expense. I also agree on demand to identify and reimburse MCC for any liability it may incur for failure to withhold income or FICA tax from any reimbursement I receive on non-qualifying expense(s).
- 7) If the amount in my reimbursement account at the end of the year exceeds the amount of my eligible expenses for the plan year, I will forfeit the excess amount.