MUSKINGUM UNIVERSITY
2020 ENROLLMENT APPLICATION AND REDUCTION AUTHORIZATION

ENROLLMENTS MUST BE RETURNED TO THE HR OFFICE BY 5:00 PM DECEMBER 2 FOR PROCESSING.

Name_____
Address_____
Phone_____**Office Phone**_____
Please Indicate Your Elections Below

HEALTH CARE REIMBURSEMENT ACCOUNT

_____ I authorize a 2020 plan year annual contribution of $_____to be made to my Health Care Reimbursement Account. This amount will be deducted from my pay on a pre-tax basis in equal amounts throughout the course of the plan year. The annual maximum election amount allowed for 2020 is $2,750.00.

DEPENDENT CARE REIMBURSEMENT ACCOUNT

_____ I authorize a 2020 plan year annual contribution of $_____to be made to my Dependent Care Reimbursement Account. This amount will be deducted from my pay on a pre-tax basis in equal amounts throughout the course of the plan year. The annual maximum election amount allowed for 2020 is $5,000.00.

ELECTION AND COMPENSATION REDUCTION AGREEMENT

(To tax exempt employee's share of health and/or dental insurance contributions)
___I elect to receive this coverage under Muskingum's 125 Flexible Benefit Plan.

I understand by my participation in these accounts that...

1. I may not change or stop my contributions during the plan year unless my family or employment status changes, (i.e., marriage, divorce, death of a spouse, unpaid leave of absence, etc.) Such change in my election must be the result of, and consistent with, the event causing the elections change, and must qualify under the terms and conditions of the plan.

2. The Plan shall provide for a carryover of $500 of any amount remaining unused in the health FSA as of the end of the 2019 Plan year. This carryover amount may be used to pay or reimburse medical expenses under the health FSA incurred during the entire plan year to which it is carried over. **IRS rules require that any amount not used for covered expenses under my Dependent Care Reimbursement Account cannot be returned to me.** I understand that I have until the end of the designated run out period each year to submit claims incurred during the prior plan year.

3. I have received and read all written materials provided to me describing the plans and agree to the terms of participation set forth in the written materials.

_____ _____
Employee's Signature Date

Accepted and agreed to by Muskingum University:

_____ _____
Employer's Signature Date