

2017 Flexible Spending Account Deduction Authorization Form

For All Eligible Faculty and Staff Members.

Please use this form to make your elections for 2017. Print all information in **black** ink. Return your completed and signed form to SSC Benefits Transactions by **December 2, 2016**. These elections remain in effect through December 31, 2017 unless you experience a qualified family status change. **You must re-enroll in a Flexible Spending Account each year if you wish to participate.**

1. Faculty or Staff Member Information

Name (Last, First, Middle Initial)		UMID	U.S. Social Security Number (If UMID is unknown)
Street Address		City, State, Zip	Home Phone Number
Title	I am paid: <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	Email Address	Daytime Phone Number

2. Annual Deduction Amounts

- Be sure the correct annual election amount is entered under each type of account. Inaccurate estimates of expenses may cause you to forfeit money.
- Funds cannot be transferred between dependent care and health care accounts or from one spouse to another.
- For annual contribution information, see the Flexible Spending Accounts section on the Benefits Office website at benefits.umich.edu.

Health Care Flexible Spending Account
Covers eligible health care expenses for you and your eligible dependents. For information on eligible expenses, view the Health Care Flexible Spending Accounts information at hr.umich.edu/health-care-fsa. Only eligible expenses incurred on or after January 1, 2017 through March 15, 2018 are reimbursable. You may contribute from **\$120** up to **\$2,550** per year to a Health Care FSA.

Total annual amount you want to contribute to a Health Care FSA for 2017 \$ _____

Dependent Care Flexible Spending Account
Covers eligible dependent daycare expenses so you can work or go to school full time. For information on eligible dependent daycare expenses, view the Dependent Care Flexible Spending Accounts information at hr.umich.edu/dependent-care-fsa. Only expenses incurred on or after January 1, 2017 through March 15, 2018 are reimbursable. You may contribute from **\$120** up to a possible family maximum of **\$5,000** per year to a Dependent Care FSA. Highly compensated staff are limited to \$3,600 per year. For more on IRS limits, view hr.umich.edu/fsa-eligibility-enrollment.

Total annual amount you want to contribute to a Dependent Care FSA for 2017 \$ _____

Is your spouse also employed by U-M? If yes, spouse's name _____

Spouse's SSN _____ Spouse's UMID _____

3. Flexible Spending Account Participants Release of Liability

I release the University of Michigan and its Flexible Spending Accounts claims processor, PayFlex / Health Hub, from any liability incurred if I submit ineligible expenses for reimbursement or if I fail to follow the regulations for the Flexible Spending Account. I have read the Flexible Spending Accounts plan book available from the hr.umich.edu website and understand the agreement and confirmation set out on the second page of this form concerning Flexible Spending Accounts.

I authorize the University of Michigan to make the above pretax deductions on a monthly or bi-weekly basis, as appropriate, to fund my 2017 Flexible Spending Account(s) for health care expenses and/or dependent care expenses.

I certify that the PayFlex / Health Hub debit card will only be used for eligible medical care expenses for myself and my eligible dependents. Only eligible expenses incurred on or after January 1, 2017 through March 15, 2018 are eligible for reimbursement from your 2017 FSA.

Signature of Faculty or Staff Member

Date Signed

Limitations

The University of Michigan in its sole discretion may modify, amend, or terminate the benefits provided with respect to any individual receiving benefits, including active employees, retirees, and their dependents. Although the university has elected to provide these benefits this year, no individual has a vested right to any of the benefits provided. Nothing in these materials gives any individual the right to continued benefits beyond the time the university modifies, amends, or terminates the benefit. Anyone seeking or accepting any of the benefits provided will be deemed to have accepted the terms of the benefits programs and the university's right to modify, amend, or terminate them.

2017 Flexible Spending Account Deduction Authorization Form

Agreement and Confirmation

By my signature on the Flexible Spending Account Authorization Form, I confirm that I understand and agree to the following requirements of participation in a Flexible Spending Account.

Contribution Amounts

1. There are minimum and maximum amounts that can be contributed to the Flexible Spending Accounts (FSA) each year. For a Health Care FSA, the minimum annual contribution is **\$120** and the maximum annual contribution is **\$2,550**. For a Dependent Care FSA, you may contribute from **\$120** up to a possible maximum of **\$5,000** per year to a Dependent Care FSA.

For faculty and staff who earned less than \$120,000 in 2016, the maximum annual contribution to a dependent care account is the lesser of \$5,000 family maximum or the earned gross income of the lower-paid spouse (if married), except when the spouse is disabled or a full-time student.

For faculty and staff who earned more than \$120,000 in 2016, the maximum annual contribution to a dependent care account is the lesser of \$300 per month or the earned gross income of the lower-paid spouse (if married), except when the spouse is disabled or a full-time student. See "Special Limits for Highly Compensated Faculty and Staff" for more information.

Deductions

2. Deductions will occur over 12 paychecks for faculty and staff members paid monthly, and over 24 paychecks for staff members paid bi-weekly. Deductions for mid-year enrollments will be based on the number of paychecks remaining in the calendar year after the effective date. Deductions cannot be taken from stipend or fellowship funds. No deductions will be taken during periods such as a leave when the enrollee is not receiving a salary from the university.
3. Deductions cannot be changed or canceled during the year unless a qualified family status change occurs (marriage, divorce, birth of baby, etc.) in which event the coverage change must be consistent with the change in status. If such a change occurs, the participant must provide documentation of the change by submitting a Health Care FSA and/or Dependent Care FSA Request for Change in Status form to SSC Benefits Transactions within 30 days of the event. Otherwise, the change cannot be made until the next Open Enrollment period.
4. Changes in deduction amounts will be effective the first day of the month following the receipt of the authorization form or date of eligibility, whichever is later. For example, assume that you enroll in a Health Care FSA to begin on January 1 and designate an annual contribution amount of \$300. Then, on April 1 you increase the annual contribution amount to \$1,000 due to a family status change. Between January 1 and March 31, \$300 is available for incurred expenses. Any expenses incurred after April 1 are eligible for reimbursement up to \$1,000, assuming no claims were previously filed.

Claims

5. Eligible expenses incurred on or after the effective date of coverage through March 15 of the following year can be claimed for reimbursement. Duplicate reimbursement is not allowed. That is, expenses cannot be reimbursed by another source (such as a health insurance plan) or taken as an income tax deduction and reimbursed under a flexible spending account.
6. Be sure to sign your claim form. PayFlex/HealthHub will not process a claim if the form does not include your signature.
7. A claim form for reimbursement from a Health Care Flexible Spending Account must be accompanied by an itemized receipt and/or an Explanation of Benefits

(EOB) form. An EOB form is provided by the health insurance company after a claim is filed. HMOs do not provide EOB forms. Participants who are enrolled in an HMO should submit an original itemized bill to document expenses.

8. For Health Care FSA expenses not covered by health care plans, reimbursement requests will not be processed without acceptable evidence of your expenses. PayFlex/HealthHub will not accept cancelled checks in lieu of a bill or receipt. Receipts must include the type of service, date expense was incurred, patient's name, name of the provider of service, and amount of expense. Statements showing only previous balances, or the amounts paid or balances due are not acceptable documentation.
9. You can fax your claims forms to PayFlex/HealthHub using the toll-free fax number, (855) 703-5305, for the exclusive use of U-M FSA participants. Keep a copy of the fax transmission report as documentation the fax was successfully transmitted and received by PayFlex/HealthHub.
10. Keep a copy for your personal files for all documentation submitted to PayFlex/HealthHub. Bills or receipts cannot be returned.
11. Flexible Spending Account claims received by PayFlex/HealthHub, claims processor for the university's FSA accounts, will generally be reimbursed within 15 business days from the date PayFlex/HealthHub receives your claim form. Dependent care reimbursements will not exceed the balance in the account as of the first of that month.
12. Funds cannot be transferred between the two types of accounts. Participation cannot be transferred to a spouse.
13. All eligible claims must be submitted to PayFlex/HealthHub by the cutoff date, May 31 of the following year. Any funds that remain in the accounts as of June 1 following the plan year will be forfeited in accordance with IRS regulations. There are no exceptions to this rule. In accordance with IRS regulations, the university uses forfeited funds to pay administrative costs of the FSA program.

Special Limits for Highly Compensated Faculty and Staff

14. The IRS allows pre-tax contributions to an FSA as long as the plan does not favor highly compensated employees (HCE) as defined by the IRS. For 2017, you are considered "highly compensated" if you had gross earnings of \$120,000 or more in 2016. In accordance with IRS regulations against discrimination, the Benefits Office examines FSA plans each year to ensure that they do not disproportionately benefit employees the IRS considers "highly compensated." The Benefits Office determines the amount that can be contributed to a Dependent Care FSA by an HCE at the beginning of each year (\$3,600), but if at any time during the year that ratio is not being met, the university will reduce contributions made by participants who earn \$120,000 or more to ensure compliance with IRS rules. If you are an HCE, your deduction may not exceed \$3,600 per family for a married couple filing jointly, or for a single parent. For an HCE married person filing separately the limit is \$2,500. If a Dependent Care FSA fails the nondiscrimination test, highly-compensated employees will be taxed on all of the dependent care assistance benefits they received during the calendar year. Employees who are not highly compensated are not affected by this rule.

General

15. This agreement expires no later than December 31 of the plan year. A new agreement is required each year.



HUMAN RESOURCES
BENEFITS OFFICE
UNIVERSITY OF MICHIGAN

Questions?

If you have questions, view hr.umich.edu/benefits-wellness or call the SSC Contact Center at 734-615-2000 or 866-647-7657 (toll free for off-campus long-distance calls within the U.S.) Monday - Friday from 8 a.m. - 5 p.m. Eastern.

How to Return Your Signed and Completed Form

By FAX

Fax it to 734-763-0363.

Keep a copy of the fax transmission report with your form in your records.

By Mail Only

Make a copy for your records and send the original by U.S. Mail to:
SSC Benefits Transactions
Wolverine Tower
3003 South State Street
Ann Arbor, MI 48109-1276