YAVAPAI COMBINED TRUST

FLEXIBLE SPENDING ACCOUNT PARTICIPATION AGREEMENT

Plan year July 1, 2017 to June 30, 2018

☐ NEW HIRE ☐ OPEN ENROLLMENT ☐ FAMILY STATUS CHANGE

EFFECTIVE DATE: _____ EMAIL ADDRESS: _____

NAME: _____
(Please print)
ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Work Ph: (_____)_____ Home Ph: (_____)_____

SOCIAL SECURITY # _____ Date of Birth: _____

Employer (you must indicate the employer)

☐ **Yavapai County** ☐ **Yavapai College** ☐ **City of Prescott** ☐ **Town of Chino Valley**

I understand this election is for expenses incurred from July 1, 2017 through June 30, 2018, however, if I were to leave employment prior to the end of this Plan Year, my Flexible Spending Account will terminate on the last day of the month in which I was employed. I understand I can only be reimbursed for services rendered during this Plan Year.

I understand this agreement cannot be amended before the next annual election, absent of the qualifying change in my family circumstance or the termination of this Plan.

Upon election, I understand that the FSA Benefits Card is to be used only for eligible medical care expenses (and those of my spouse and/or dependent children) and eligible dependent care expenses. **I understand only Dental & Vision Medical care expenses are allowed should I elect the HDHP**. I understand that with each use of the card, I am reaffirming a certification (printed on the back of the card) that any expense paid with the card has not been reimbursed and I will not seek reimbursement under any other plan covering health benefits. I also agree to acquire and keep sufficient documentation (e.g., EOB, invoices and receipts) for expenses paid with the card. I understand that I will be notified in writing, in the event my card is used to pay for a questionable expense and I will be required to provide supporting documentation. Furthermore, I understand that it is my responsibility to repay my Flexible Spending Account for any ineligible expenses that were paid. I also understand that if the repayment request is unsuccessful, then an amount equal to the improper payment will be withheld from my paycheck. To ensure that no further violations occur, I understand that I may be denied access to the card until the amount is repaid. I realize that the regulations do not allow my employer to return unused funds to me, permit me to transfer dollars from one account to another, or allow excess account dollars to carryover to the next plan year.

I agree, until such time, as I notify my employer in writing of an eligible change in family status, or such time when my employer no longer offers this program, to the terms and conditions of the Flexible Spending Account as defined in the plan document. My employer and I agree that my pay will be reduced annually by the amount specified by me for the benefit option(s) I select under the plan on a pretax basis. In addition, I understand that money left in the account at the end of the eligibility period for this plan year, not used for eligible expense reimbursement, will be **forfeited.**

The amount of my election for July 1, 2017 – June 30, 2018 for each option selected is set forth below

My Election Amounts: City of Prescott employees divide by 26 pay periods. Yavapai College, Yavapai County and Town of Chino Valley employees divide by 24 pay periods.	**A** **Annual Amount**	**B** **# of Pay Periods**	**C** **Per-Pay-Period Amount (A divided by B)**
Medical Reimbursement Election (Not to exceed $2,500)	**$**		**$**
Dependent Daycare Reimbursement Election (Not to exceed $5,000, or $2,500 if married and filing separate tax returns)	**$**		**$**
Totals	**$**		**$**

Signature: _____ Date: _____