

FLEXIBLE SPENDING ACCOUNT ENROLLMENT APPLICATION

ACTIVE MEMBERS ONLY

Public Education Employees' Health Insurance Plan
P. O. Box 302150 ♦ Montgomery, Alabama 36130-2150
(334) 832-4140 or 1-800-214-2158
Web site: www.rsa.state.al.us



PEEHIP Subscriber Information

Name must be entered as shown on your Social Security card.

Social Security Number ____-____-____	First Name	Middle Name/Initial	Last Name
Mailing Address	City		State ZIP Code
Date of Birth ____/____/____	Home Phone ____-____-____	Work Phone ____-____-____	

Healthcare Flexible Spending Account Information

I wish to enroll in the Health Care Flexible Spending Account. Yes No

Annual Contribution Amount \$ _____ ÷ 12 months = \$ _____ / month.

I understand that:

- PEEHIP will divide this amount by 12 (pay periods) and will reduce my pay by this amount during those pay periods during the plan year.
- The maximum annual amount cannot exceed \$5,000.

Dependent Care Flexible Spending Account Information

I wish to enroll in the Dependent Care Flexible Spending Account. Yes No

Annual Contribution Amount \$ _____ ÷ 12 months = \$ _____ / month.

I understand that:

- PEEHIP will divide this amount by 12 (pay periods) and will reduce my pay by this amount during those pay periods during the plan year.
- The maximum annual amount cannot exceed:
 - \$5,000 if single or married filing a joint return, or
 - \$2,500 if married filing a separate return.
- Remember to factor in the summer childcare costs.

PEEHIP Subscriber Certification

I understand that:

- I cannot change or revoke any of my elections on this compensation redirection agreement at any time during the plan year (Oct. 1 – Sep. 30) unless I have a qualifying change in status.
- During the Annual Open Enrollment Period, I will be given the opportunity to enroll in the plan for the upcoming plan year (Oct. 1 – Sep. 30). I must enroll each year during the open enrollment period since participation in the plan for subsequent years is not automatic, even if I want to contribute the same amount as the previous year.
- Amounts unused and unspent in the Healthcare Flexible Spending Account as of September 30 can be used to pay for out of pocket medical expenses incurred during the 2 ½ month grace period ending December 15.
- Expenses for both the Healthcare Flexible Spending Account and Dependent Care Flexible Spending Account can be submitted to Blue Cross by January 15 following the end of the plan year.

I hereby certify that I have completely read and fully understand the terms and conditions of the Flexible Spending Account and all information furnished is true and complete.

Employee Signature _____ Date Signed ____/____/____