

**ENROLLMENT FORM
STATE OF WYOMING FLEXIBLE BENEFITS PLAN
JANUARY THROUGH DECEMBER 2010**

NAME _____ SS# _____
PLEASE PRINT

AGENCY NAME University of Wyoming Employee ID # _____

REIMBURSEMENT ACCOUNTS

These elections must be made every year; they do not continue without a new election.

_____ **MEDICAL REIMBURSEMENT ACCOUNT.** Please fill in the blanks with the dollar amount you want deducted from your earnings **each month**. \$_____. **This is not an option for Health Savings Account (HSA) participants.** (Maximum election \$4,000/year)

_____ **DEPENDENT DAYCARE ACCOUNT.** Please fill in the blanks with the dollar amount you want deducted from your earning **each month** \$_____. (Maximum election \$5,000/family)

_____ **WRAP AROUND MEDICAL REIMBURSEMENT ACCOUNT:** This option is intended to complement the Health Savings Account. Please fill in the blanks with the dollar amount you want deducted from your earnings each month \$_____. (Maximum election \$4,000/year) Electing the Wrap Around Medical Reimbursement does NOT enroll you in the Health Savings Account. (See back of form for additional information)

INSURANCE PREMIUMS

This election will stay in force until it is changed in any November for the new plan year.
If no election is made, you agree to continue your current election.

_____ **PRE-TAX INSURANCE PREMIUMS.** Check if you elect to pay your insurance premium on a pre-tax basis. By this election, I understand that I **can not** drop anyone or any part of my insurance plan without a qualifying family status change.

_____ **POST-TAX INSURANCE PREMIUMS.** Premiums are taken out of pay *after* taxes have been assessed. This change will stay in force until it is changed in any November for the new plan year effective date.

1. The **MONTHLY** amount(s) I have elected will be deducted from my regular paychecks beginning on December 31, 2009.
2. I can be reimbursed only for qualified expenses incurred while participating (contributing) during the plan year **January 1 through December 31, 2010.**
3. This election is **irrevocable** and no modifications are allowed, except for a change in family or employment status.
4. I agree to all the terms and conditions described in the Flexible Benefits Plan Booklet.
5. I have read and understand all the provisions of this form.

Please read the back of this form before making any election.

_____ By signing I agree to the above information

_____ DATE

AGENCY RECEIPT: _____

EGI RECEIPT: _____

Medical Reimbursement Account (MRA) – reimbursement for eligible expenses, i.e., coinsurance, deductibles and most medical expenses not covered by insurance including dental and vision expenses. The total monthly deductions elected for the Medical Reimbursement Account for the period of January 1 through December 31 may not exceed \$4000. Over the counter (OTC) medications are limited to a maximum reimbursement not to exceed \$300 in the plan year. These OTC medication amounts are subject to the \$4000 maximum. Please see your Flexible Benefits Plan booklet for a list of allowable OTC medications. **You are not eligible to enroll in this option if you are participating in a Health Savings Account. You may participate in the Wrap Around Medical Reimbursement Account (see below).**

Dependent Day Care Account (DCA) – reimbursement of expenses incurred for day care, home care, or child care for care of a dependent child under age 13, a disabled child of any age, a disabled spouse or a disabled dependent parent. The total monthly deductions elected for the Dependent Day Care Account for the period of January 1 through December 31 may not exceed \$5000 for you and your spouse together (\$2500 in the case of a married individual filing a separate tax return for 2010 OR the lesser of your (after subtracting all Flexible Benefit Plan deductions) or your spouse's earned income for the 2010 Plan Year.

- Money must be in the account to be reimbursed.
- Reimbursement can only be made for services as they are incurred.
- See your Flex Plan Booklet for further details of the program.

Wrap Around Medical Reimbursement Account (WMRA) – Intended for individuals participating in a Health Savings Account (HSA). Only expenses that are not allowed under the health plan are eligible for reimbursement, i.e., vision or dental services. Over the counter (OTC) medications are limited to a maximum reimbursement not to exceed \$300 in the plan year. These OTC medication amounts are subject to the \$4000 maximum. Please see your Flexible Benefits Plan booklet for a list of allowable OTC medications. The total monthly deductions elected for the Wrap Around Medical Reimbursement Account for the period of January 1 through December 31 may not exceed \$4000. **Carefully consider the reduction in eligible expenses prior to making your election determination.** Electing to participate in the Wrap Around Medical Reimbursement Account does **not** enroll you in a Health Savings Account.

Health Savings Account – Must be enrolled in the \$1500 or \$3000 deductible plan to participate. See your Benefit Specialist for additional information regarding eligibility and enrollment and/or our website for our HSA brochure (<http://personnel.state.wy.us/EGI/Index.htm>) Electing to participate in the Wrap Around Medical Reimbursement Account does **not** enroll you in a Health Savings Account.

Pre Tax Insurance Premiums

When electing before tax premiums, your insurance premiums are taken out of your gross pay *first* and *then* the rest of your wages are taxed, reducing your taxable income. When selecting this option you cannot drop persons or coverage without a qualifying status change. PLEASE see the Flexible Benefits Plan Booklet for further details regarding this benefit. Once this election is made it will stay in effect until you change it due to a qualifying event, OR in any November for the new plan year.

Post Tax Insurance Premiums

When electing after tax premiums, your gross pay is taxed and *then* your insurance premium is deducted from your net pay (take home pay). When electing this option, you can drop coverage or person without a qualifying event (subject to plan provisions). PLEASE see the Flexible Benefits Plan Booklet for further details regarding this benefit. Once this election is made it will stay in effect until you change it due to a qualifying event, OR in any November for the new plan year.

Note: Deductions for the new Plan Year beginning in January are taken from your December paycheck.

Please keep a copy of this election form for your records!

Please contact your Benefit Specialist or the Employees' Group Insurance office (777-6835) if you have any questions.