

ENROLLMENT FORM
STATE OF WYOMING FLEXIBLE BENEFITS PLAN

2018
JANUARY - DECEMBER

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 \$2,600/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 \$2,600/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

_____ **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 January 31, 2018.
2. I can be reimbursed only for qualified expenses incurred while participating (contributing) during the plan year **January 1 through December 31, 2018.**
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.
SEE BACK OF FORM FOR DIRECT DEPOSIT ELECTION

By signing I agree to the above information

DATE

AGENCY RECEIPT: _____

DIRECT DEPOSIT OPTION

NAME: _____

SSN: _____

If you would like to receive direct deposit from Employees' Group Insurance (EGI), the State Auditor's Office requires that you complete a **Vendor Management Packet & IRS Form W-9** (<http://sao.wyo.gov/vendor-resources>) to initiate a Vendor Number in the State accounting system and authorize direct deposit. Complete the form and return it to EGI with this election form. We will process it in coordination with the State Auditor's Office to update the State accounting system. With direct deposit, your payments will be automatically deposited into your checking or savings account. Once you return the completed forms, your reimbursements will begin to be direct deposited within three months. You will continue to receive your Explanation of Benefits (EOB) in the mail.

Yes, I would like to receive direct deposit for my flex reimbursement No, I DO NOT want direct deposit

Signature _____

Date _____

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 \$2,600. **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 2017 OR the lesser of your (after subtracting all Flexible Benefit Plan deductions) or your spouse's earned income for the 2017 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. The total monthly deductions elected for the Wrap Around Medical Reimbursement Account for the period of January 1 through December 31 may not exceed \$2,600. 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 Plan Year beginning in January are taken from your January paycheck. Please contact your Benefit Specialist or the Employees' Group Insurance office (777-6835) if you have any questions.