MINNEFLEX SPENDING ACCOUNT ENROLLMENT/CHANGE FORM

(For changes not available through online Self Service)

TO BE COMPLETED BY EMPLOYEE: (Please Print)
(Check One) _____ **New Enrollment** _____ **Waive** _____ **Status Change/Family Change**

Employee Name	_____	Social Security #	_____
Apt No.	_____	Employee Payroll ID #	_____
Street Address	_____	Effective Date	_____
City, State, Zip	_____	Eligibility Date	_____
Home Phone	_____	Event Type	_____

_____ I wish to **WAIVE** Participation in the Spending Accounts at this time.

_____ I wish to **ENROLL** in the following Account(s), effective the first pay period after my enrollment:

_____ Health Care Annual Deposit of $_____

_____ Dependent Daycare Annual Deposit of $_____

TOTAL Annual Deposit of $_____

Annual Deposit of $_____ divided by No. of Pay Periods remaining should equal approximately $_____ per paycheck.

Please adjust my Spending Account Deposit, due to I have experienced the following change in my Status:_____

_____ Decrease _____ Increase Health Care Annual Deposit to $_____

_____ Decrease _____ Increase Dependent Daycare Annual Deposit to $_____

This will _____ decrease _____ increase my biweekly deduction as follows:

Annual Deposit of $_____ divided by No. of Pay Periods remaining should equal approximately $_____ per paycheck.

LIST each family member to be covered under MinneFlex. Claims for dependents cannot be processed without this information.

NAME	SEX	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY #
		SELF		
		SPOUSE		

MINNEFLEX AUTHORIZATION AND AGREEMENT

I have read and understand the information describing the MinneFlex Plan and agree to abide by the terms of the Plan Document, including treatment of tax-free premium payments and Spending Account deposits for income tax purposes. I understand all qualifying employee Group Insurance premiums for City Plans will be deducted on a pretax basis regardless of Spending Account Elections. Finally, I understand that if I WAIVE participation in Insurance Options or do not complete and return my election form within prescribed time limitations, I will not be able to participate until the next MinneFlex enrollment period.

_____ _____

Employee Signature **Date**

Return completed form to: Human Resources-Benefits, Room 100 Public Service Center, 250 S 4th Street, Minneapolis MN 55415-1339

Some of the requested information on this form is private data under the Minnesota Government Data Practices Act, Minn. Stat. Chapter 13. The data requested allows Benefit staff to verify eligibility and enrollment for a pretax spending account and allows the plan administrator the ability to establish an account record for you and your dependents. You are not required to provide this information, however, failure to do so may result in ineligibility and non-enrollment. This form may be available to City and plan provider employees or agents, labor union representatives, arbitrators and administrative hearing examiners, State and Federal courts, and attorneys representing any of the mentioned individuals or entities, or to others through subpoena or pursuant to Federal and or State law.