



University of Toledo 2011 Enrollment Form



 You will be making elections for the **January 1, 2011** through **December 31, 2011** Plan Year. After completing this form, please sign, date, and return it to your HR Department on or before the end of your enrollment period.

 If you have any questions, please contact your human resource representative or contact Chard Snyder at (513) 459-9997, toll free (800) 982-7715, or visit our website at www.chard-snyder.com.

EMPLOYEE INFORMATION – <u>PLEASE PRINT LEGIBLY</u>			
First Name		Home Phone	
Last Name		Work Phone	
SSN	Email Address		
Street Address			Apt#
City	State	ZIP	
Campus: <input type="checkbox"/> Main Campus <input type="checkbox"/> Health Science Campus			

PLAN ELECTION DESCRIPTIONS – <u>PLEASE PRINT LEGIBLY</u>	SELECT ELECTION(S) & AMOUNT(S)	
Healthcare – Flexible Spending Account (FSA) Out-of-pocket medical, dental, and vision expenses. Contribute up to \$3,000 for the plan year.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Annual Election \$ _____
Dependent Care – Flexible Spending Account (FSA) Child and/or adult daycare expenses. If married filing jointly or single – Contribute up to \$5,000 for the plan year. If married filing separately – Contribute up to \$2,500 for the plan year.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Annual Election \$ _____
Direct Deposit (If selecting this option - ALL Bank Information Below is REQUIRED) Used for paper claims sent to Chard Snyder for reimbursement directly to your personal bank account. Note: In the event that your direct deposit transaction is returned, Chard Snyder reserves the right to collect a \$25 processing fee. Bank Nine Digit Routing Number (Include ALL Zeros): _____ Bank Account Number: _____ (Include All Zeros) Bank Name: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	Account Type: Select One Below: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

EMPLOYEE AUTHORIZATION
I hereby authorize my employer to deduct from my salary (if applicable), or other compensation, the required contributions for the amounts I have elected above. I agree to comply with the terms and conditions of the plan. I have received and read all the authorizations & acknowledgements provided by Chard Snyder for each plan elected above on the second page of this form. I also acknowledge the receipt of the HIPAA Privacy Notice provided at open enrollment and/or provided on the Chard Snyder website (www.chard-snyder.com).
Signature _____ Date / /

CLIENT USE ONLY (MUST BE COMPLETED BY HR FOR NEW HIRES)
Employee Effective Date / / 1 st Contribution Date / / Initials

FSA - ACKNOWLEDGEMENT & AUTHORIZATION:**I understand that:**

- I am enrolling in a qualified plan and a description of the plan has been made available to me. I must use the funds I have elected to set aside in my reimbursement account(s) by the end of the Plan Year (as shown above) and submit my claims by the end of the Plan Year or the funds will be forfeited.
- I cannot change my mind once the Plan Year begins; my elections must remain in effect for the duration of the Plan Year unless I have a change in family status (marriage, divorce, birth, adoption or death) or in employment status.
- My out-of-pocket expenses must be incurred while I am an eligible participant and during the Plan Year to be considered for reimbursement (the date of service, not the date of invoice, must occur during the Plan Year).
- I cannot itemize and deduct my out-of-pocket expenses again on my IRS Form 1040 for any accounts in which I am enrolled (premiums, health and/or daycare).
- I understand that I am required to save all receipts for benefit card purchases in case I should be audited by the IRS.

I hereby authorize my employer to deduct from my salary, or other compensation, the required contributions for the amounts I have elected above. I agree to comply with the terms and conditions of the plan. I also acknowledge the receipt of the HIPAA Privacy Notice.

DIRECT DEPOSIT - ACKNOWLEDGEMENT & AUTHORIZATION:**I understand that:**

- My financial institution can receive transactions via electronic transfer and the bank information provided can serve this purpose.
- I permit Chard Snyder to initiate electronic credit entries and, if necessary, debit entries to reverse erroneous credits to the above account, and to allow the financial institution indicated above to credit and / or debit the same to such account.
- Direct deposit of my reimbursements shall commence within 4 weeks of receipt of this form.
- My direct deposit may be terminated per any of the following: an online or written cancellation request submitted by me (when allowed by my employer), a failed bank transmittal due to incorrect bank information, or cancellation of direct deposit by my employer.

I hereby understand the information on this form and authorize Chard Snyder to complete my request.