

# Montgomery County Public Schools

## Flexible Spending Account Election Form for Calendar Year 2009

0 0 0 0 _____	_____	_____
Home/Work Phone Number	Employee ID Number	Printed Name Here
_____	_____	<b>Please Sign Below</b>
_____	_____	
Last four digits of your SSN	Work Location	

Instructions: Please return your completed form to the Employee and Retiree Service Center (ERSC),  
7361 Calhoun Place, Suite 190, Rockville, MD 20855, Fax: 301-279-3651 or 301-279-3642  
Please visit the ERSC website for additional information.

**Please select ONE of the following reasons below:**

- New Employee                       Open Enrollment                       Return from Leave
- Qualifying Event\*       Marriage/Divorce                       Birth of a Child/Loss of Child                       Other (i.e. change in job status)

\*You must attach legal documentation (i.e., birth or marriage certificate, proof of loss of job if applicable.)

Annual contributions are calendar year (January 1 through December 31) and divided into equal installments over 20 pay periods for 10-month employees or 26 pay periods for 12-month employees. Please enter the total annual flexible spending amount to be deducted towards your medical spending account and/or your dependent/child care spending account. **Reminder:** If you enroll outside of open enrollment, deductions will begin on the first pay period from the date this form is received. Deductions will be divided into equal installments over the remaining pay periods in the current calendar year.

Calendar Year Paycheck Schedule	
10-month	12-month
Jan-2	Jan-2
Jan-16	Jan-16
Jan-30	Jan-30
Feb-13	Feb-13
Feb-27	Feb-27
Mar-13	Mar-13
Mar-27	Mar-27
Apr-9	Apr-9
Apr-24	Apr-24
May-8	May-8
May-22	May-22
Jun-5	Jun-5
Jun-19	Jun-19
	Jul-2
	Jul-17
	Jul-31
	Aug-14
	Aug-28
	Sep-4
Sep-25	Sep-25
Oct-9	Oct-9
Oct-23	Oct-23
Nov-6	Nov-6
Nov-20	Nov-20
Dec-4	Dec-4
Dec-18	Dec-18

**Medical Spending Account** - eligible medical expenses for you and your family  
(MCPS will match the first \$100)

Medical Spending Account
Minimum annual contribution is \$100 Maximum annual contribution is \$4,000 MCPS matches first \$100 of contribution
Enter Total Annual Contribution Amount -- <span style="border: 1px solid black; padding: 2px 10px;">\$\$                      .00</span>

**Dependent/Child Care Spending Account** - eligible childcare expenses (non-medical)

Dependent/Child Care Spending Account (non-medical)
Minimum annual contribution is \$100 Maximum <u>combined</u> family annual contribution is \$5,000
Enter Total Annual Contribution Amount -- <span style="border: 1px solid black; padding: 2px 10px;">\$\$                      .00</span>

I understand that this election may not be changed or revoked during the plan year, with the exception of a change in family status (see specific list of qualifying events on the SHPS/Carewise Health website). Money cannot be transferred to another spending account or refunded to the employee. IRS regulations impose a "use or lose" rule, requiring the forfeiture of money not used during the plan year (January 1, 2009 through March 15, 2010).

<b>SIGNATURE REQUIRED</b>	Signature	Date
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