



Flexible Spending Account Calendar Year 2012 Election

**MCPS Form 450-3
October 2011**

Employee and Retiree Service Center (ERSC)
MONTGOMERY COUNTY PUBLIC SCHOOLS

PLEASE NOTE: During Open Enrollment, you may enroll in your flexible spending account(s) online. Enrolling online is the fastest and most secure way to enroll in a flexible spending account and will allow you to receive immediate confirmation of your elections. Search "flexible spending" from any MCPS webpage for additional information. If you choose not to enroll online, please complete, sign, and return this form to the Employee and Retiree Service Center. You may fax this form to 301-279-3651 or 301-279-3642 or e-mail an electronically signed Adobe PDF file to ERSC@mcpsmd.org. Please only submit your elections via one method. Submitting via multiple methods can cause errors and delay the processing of your elections. Please visit the ERSC website for additional information. A confirmation of your elections will be sent to your MCPS employee e-mail.

PART I: EMPLOYEE INFORMATION—Please Print.

Name:	Employee ID: 0000 _____
Last Four Digits of SSN:	Home Phone:
You must select one of the following reasons for your account election:	
<input type="checkbox"/> New Employee <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Return from Leave	
Qualifying Event (supporting documentation required):	
<input type="checkbox"/> Marriage/Divorce <input type="checkbox"/> Birth/Loss of a Child <input type="checkbox"/> Other (i.e., Change in Job Status, Death) _____	

PART II: ACCOUNT ELECTIONS

Annual contributions are **calendar** year (January 1 through December 31) and are 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 taken in equal installments over the remaining pay periods in the current calendar year.

FSA Deduction Schedule	
10-month	12-month
January 13	January 13
January 27	January 27
February 10	February 10
February 24	February 24
March 09	March 09
March 23	March 23
April 05	April 05
April 20	April 20
May 04	May 04
May 18	May 18
June 01	June 01
June 15	June 15
	June 29
	July 13
	July 27
	August 10
	August 24
	September 7
September 14	September 14
October 05	October 05
October 19	October 19
November 02	November 02
November 16	November 16
November 30	November 30
December 14	December 14
December 28	December 28

Medical Spending Account: Eligible medical expenses are available at www.myshps.com	Dependent/Child Care Spending Account (Non medical): Eligible child care expenses are available at www.myshps.com								
Minimum annual contribution is \$100 Maximum annual contribution is \$4,000 MCPS matches first \$100 of contribution	Minimum annual contribution is \$100 Maximum combined family annual contribution is \$5,000								
Enter Your Annual Contribution Amount <table style="margin-left: 20px; border-collapse: collapse;"> <tr><td style="border-right: 1px solid black; padding: 5px;">\$</td><td style="padding: 5px;">.00</td></tr> <tr><td style="border-right: 1px solid black; padding: 5px;">+\$</td><td style="padding: 5px;">100.00</td></tr> <tr><td style="border-right: 1px solid black; padding: 5px;">\$</td><td style="padding: 5px;">.00</td></tr> </table>	\$.00	+\$	100.00	\$.00	Enter Your Annual Contribution Amount <table style="margin-left: 20px; border-collapse: collapse;"> <tr><td style="border-right: 1px solid black; padding: 5px;">\$</td><td style="padding: 5px;">.00</td></tr> </table>	\$.00
\$.00								
+\$	100.00								
\$.00								
\$.00								
MCPS Contribution	<input type="checkbox"/> Cancel Current Account: Cancels existing Dependent Care Spending Account elections due to a qualifying event								
Total Medical Spending Election	<input type="checkbox"/> Cancel Current Account: Cancels existing Medical Spending Account elections due to a qualifying event								

PART III: SIGNATURE

I understand that this election may not be changed or cancelled during the calendar year, with the exception of a change in family or employment status (see specific list of qualifying events on the SHPS I Carewise 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, 2012, through March 15, 2013).

Signature (required) _____
Date _____