

**WAGEWORKS ENROLLMENT APPLICATION AND DEDUCTION AUTHORIZATION**

(Please Print Clearly)

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(last) (first)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

MSU ID # \_\_\_\_\_ Work Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Number Of Pay Periods During The Plan Year (circle) : 10 12 20 26 Purpose (circle) : Election Revision

**Please Indicate Your Elections Below:**

**HEALTH CARE REIMBURSEMENT ACCOUNT (MEDICAL SPENDING)**

I authorize a 2010 annual contribution of \$ \_\_\_\_\_ to be made to my Health Care Reimbursement Account. This amount will be deducted from my pay on a pre-tax basis in equal amounts throughout the course of the plan year. The minimum annual contribution is \$50 and the maximum contribution is \$5,000 for the plan year.

**DEPENDENT CARE REIMBURSEMENT ACCOUNT (DAY CARE)**

I authorize a 2010 annual contribution of \$ \_\_\_\_\_ to be made to my Dependent Care Reimbursement Account. This amount will be deducted from my pay on a pre-tax basis in equal amounts throughout the course of the plan year. The minimum annual contribution is \$50 and the maximum contribution is \$5,000 or \$2,500 if married and filing a separate tax return for the plan year.

**I understand by my participation in these accounts that . . .**

1. I may not change or stop my contributions during the plan year unless my family or employment status changes, (i.e., marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of employment of a spouse, unpaid leave of absence, etc.). Such a change in my election must be the result of, and consistent with, the event causing the election change, and must qualify under the terms and conditions of the plan which includes a thirty **(30) day limit** for changes outside of open enrollment. All changes must be submitted in writing within the 30 day limit to Human Resources.
2. IRS rules require that any amount not used for covered expenses under my Health Care Reimbursement Account and Dependent Care Reimbursement Account cannot be returned to me. I understand that I can incur claims on my Dependent Care Flexible Spending Account until December 31, 2010, that I can incur claims on my Health Care Flexible Spending Account until March 15, 2011, and that I have until May 31, 2011 to fill claims under both flexible spending accounts.
3. I have received and read all written materials provided to me describing the plans, and agree to the terms of participation set forth in the written materials.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**COMPLETE, SIGN, AND DATE THIS FORM**

Return to Human Resources