HR Support & Consulting Services, Inc.

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BRUNSWICK SCHOOL DEPARTMENT
Reimbursement Account Benefit Election Form

☐ I elect to participate in my employer's Reimbursement Account(s) program. I agree to contribute the following amount(s) to fund my Account(s):

$_____per pay period for my Medical Expense Reimbursement Account
($2,500 annual maximum)

$_____per pay period for my Dependent Care Reimbursement Account
($5,000 annual maximum; no minimum)

In addition to my per pay period election for Medical and/or Dependent Care Account, I further understand that I will pay the yearly administration fee ($2.05 per pay period):
Check appropriate box:

_____$54.60 per yr. one account _____$109.20 per yr. two accounts

☐ The benefits of the plan have been explained to me and I decline to participate.

I understand that my salary will be reduced by my contribution amount(s), taken from my paycheck in equal amounts each pay period, allowing me to fund my account(s) with pre-tax dollars. I understand that, as my contributions are free of Federal, State and Social Security taxes (if applicable), subsequent Social Security benefits may be slightly reduced.

I understand that:

- this agreement cannot be changed or discontinued during the Plan Year unless my family status or my employment status changes;
- only medical and/or dependent care expenses allowed by the IRS and my employers' plan qualify for reimbursement;
- dependent care expenses reimbursed via this plan offset dollar for dollar any child care tax credit;
- funds in my Account(s) must be used before the end of the Plan Year or be forfeited;
- the Plan Year is the period of time beginning September 2, 2014 and ending on August 31, 2015; and
- **If I have or participate in a Health Savings Account (HAS), I am not eligible to participate in the Medical Reimbursement Account.**

I have received a written description of the Reimbursement Account program. I have read and understand the above agreement.

Employee Signature_____ Date_____
Your name *(please print)*_____
Employer_____ Social Security No._____/_____/_____
Date of Hire___/___/_____ Birth Date___/_____/_____
Address_____
City_____

Please call Suzanne at ext. 1401 if further information is needed.