

2021 Special Opportunity Enrollment in Flexible Spending Account (FSA)

Due June 30, 2021. See examples of eligible FSA expenses and correct FSA use at z.umn.edu/flexspending.

Part 1 – Employee Information *(please print)*

Last Name	First Name	MI	Employee ID Number
Date of Birth (MM/DD/YY)	Phone Number	Email address	

Part 2 – Pre-Tax Flexible Spending Accounts Election

Health Care Flexible Spending Account: This account is used for reimbursement of eligible out-of-pocket health care expenses for you and your eligible dependents. This account cannot be used for reimbursement of your or your dependent's contribution toward any medical or dental plan premiums. Your deposit will be deducted from your pay in equal installments through the rest of the calendar year. Due to IRS provisions, however, you may file claims for expenses incurred through December 15 of the following year.

I elect an annual deposit of \$ _____ (\$100 minimum, \$2,750 per employee maximum) for calendar year 2021. (For out-of-pocket medical, dental, or vision expenses)

Dependent Care Flexible Spending Account: This account is used for reimbursements of dependent care expenses that you incur in order for you and your spouse (if applicable) to work. Your deposit will be deducted from your pay in equal installments through the rest of the calendar year. Due to IRS provisions, however, you may file for expenses incurred through December 15 of the following year.

I elect an annual deposit of \$ _____ (\$100 minimum, \$5,000 per household maximum) for calendar year 2021. (For care provided to children under age 13 or adult daycare)

Employee Authorization *(Please read before signing)*

- If you take a leave of absence, terminate your employment, retire, or are laid off from the University, please refer to the FSA website at www.fsa.umn.edu for contribution information and special provisions.
- I am applying for benefits (or changes in my benefits) in the University of Minnesota Flexible Spending Accounts subject to approval of my eligibility.
- I understand that I cannot increase, decrease, or stop my election during the calendar year unless I have a family status change.
- I understand that my pre-tax election will be deducted from my pay in equal installments throughout the term of my appointment for the calendar year specified above.
- I understand that after I have filed all claims to my Flexible Spending Accounts for eligible expenses by the claims deadline, I will lose any balance remaining in my account(s).
- I understand this election is valid only for the calendar year specified above, and if I wish to participate after that period, I must complete a new election form during open enrollment.
- I understand that FSA money elected during this opportunity may only be spent on a go-forward basis (after the change becomes effective), not on prior expenses.

Employee Signature

Date

If you have questions, call the OHR Contact Center at 612-624-8647 or 1-800-756-2363 Option 1 for Benefits, or by email at benefits@umn.edu. Please make a copy of this form for your records and return the original to Total Compensation by mail or fax.

Campus Mail:
Total Compensation
100 DonhoweB
Del Code 3122A

U.S. Mail:
Total Compensation
100 Donhowe Bldg.
319 15th Avenue SE
Minneapolis, MN 55455-0103

Fax: 612-626-0808
Phone: 612-624-8647
Email: benefits@umn.edu

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Information and Privacy – There are laws to protect your rights

Several state and federal laws aid in protecting your rights to privacy and make it easier for you to review information in your insurance file. Under one of these laws – the Minnesota Government Data Practices Act (Minnesota Statutes 13.01-13.43) – you have the right to know the following.

A. Why the Information is needed

The Information we request about you, your employment, and family members is needed for one or more of the following reasons:

- To determine whether you are eligible for University of Minnesota UPlan Health Program coverage
- To establish the amount of insurance coverage for which you are eligible
- To determine the amount of deductions from your paycheck to pay your rate contributions

B. Supplying Information – Your Rights

- **Minnesota Statute 13.04.** You may refuse to provide the information we request; however, without certain minimal information, we may be unable to process your application for coverage under the group plan.
- **Federal Privacy Act of 1974; Public Law 93-579.** Disclosure of your Social Security number is voluntary. The information is requested to identify your records in the Total Compensation system and the records of the Plan Administrators. While you are not legally required to furnish this information, processing of your application for group benefits will be delayed without it.

C. Who Uses the Information and How It Is Used

The information we collect will be used by University employees operating the group benefits program, the payroll system, federal and state tax authorities, and shared with the Plan Administrators involved in your benefits coverage. Depending on the coverage you request (and are eligible for), the information may be used to:

- Provide enrollment and/or change information to your Plan Administrators so they can provide benefits and pay claims
- Conduct quality improvement initiatives
- Prepare statistical reports and evaluate studies

When you are no longer an active participant in the group benefits program, your file is kept until state retention requirements are met.

D. What information You Can Access

You may request in writing to be shown information about yourself that is maintained by our department. There may be a charge if physical copies are needed.