

**GREAT NECK UNION FREE SCHOOL DISTRICT  
FLEXIBLE SPENDING COMPENSATION PLAN  
ELECTION FORM AND COMPENSATION REDUCTION AGREEMENT  
PERIOD OF COVERAGE – 01/01/2024 THROUGH 12/31/2024**

(Please Print)

**1. PERSONAL DATA**

Name \_\_\_\_\_  
 \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI)  
 Marital Status: \_\_\_\_\_ Birth date \_\_\_\_\_ Soc. Sec. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ (Street) \_\_\_\_\_ (Apt. #) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)  
 Email \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_

**DEPENDENT INFORMATION** (List ALL eligible Dependents Affected by Enrollment- attach additional sheet if necessary)  
**If you, your spouse, or dependents already have a Benefit Debit Card there is no need to request another Card (please leave the box empty). Only request a replacement card if your card is lost/stolen, expiration date or if you are enrolling for the first time.**

Last Name	First Name	Relationship (Self/Spouse/Child)	M/F	SS#	Date of Birth	Debit Card Yes
Employee		Self				
Dependent						
Dependent						
Dependent						
Dependent						

**2. FLEXIBLE SPENDING ACCOUNT CONTRIBUTIONS**

( ) **HEALTH FLEXIBLE SPENDING ACCOUNT** –The annual deposit in the Health Care Flexible Spending Account cannot exceed an amount of **\$3,050 or a minimum \$200.00**.  
 Annual election amount \$ \_\_\_\_\_ (contribution will be made in equal amounts over twenty (20) pay periods, through payroll deductions).

( ) **DEPENDENT CARE ASSISTANCE PLAN** - The Plan Year maximum cannot exceed **\$5,000.00 (\$2,500 for married Participants who file separate returns)**.  
 Annual election amount \$ \_\_\_\_\_ (contribution will be made in equal amounts over twenty (20) pay periods, through payroll deductions).

**Qualified expenses incurred during the plan year 01/01/2024-12/31/2024. You have 90 days after the plan year to file your claim. All claims for expenses incurred from 01/01/2024-12/31/2024 must be postmarked no later than 03/31/2025, or your claim will be denied for late filing.**

**3. AUTHORIZATION AND ACKNOWLEDGEMENT**

I understand that I cannot revoke or change this election during the year unless there is a qualifying "Status Change". The requested election change must be consistent and in line with the qualifying event (QLE). I may then revoke my prior election and sign a new Agreement if such a change occurs. QLEs include a change in your legal marital status, birth of a child, date you adopt a child, death of spouse or dependent, loss of employment, or your child reaches the age 13 or change in childcare services. Changes must be submitted within 30 days of the qualifying life event (QLE).

I understand that when I submit a claim and appropriate documentation (e.g. explanation of benefits from my Insurance Provider, itemized bill, etc.) for out-of-pocket Medical, Dental, Vision expenses before I can be reimbursed.

I hereby elect to participate in Flexible Spending Account as indicated on this form. I authorize Great Neck UFSD to make pretax deductions from my salary on the payroll schedule I have elected above.

**I hereby agree to pay the administrative fee for my account(s) and agree that the annual contribution of \$50.00 will be made in equal amounts each pay period.**

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Deadline for enrollment is Friday November 17, 2023, or the next business day if November 17<sup>th</sup> falls on a weekend. If interested in participating in this employee benefit, please return the completed forms to the Payroll Department.**