

# RESEARCH FOUNDATION CITY UNIVERSITY OF NEW YORK

## MINI-FLEX PLAN ENROLLMENT FORM

### I. Employee Information *(Please complete entire section)*

Your Name (last, first, middle)		Social Security Number		Date of Hire	Occupation:
Mailing Address		City	State	Zip	Home phone
Date of Birth	Gender	Marital Status	Salary	Campus	Work phone

### II. List Dependents *(If any)*

Spouse's name(last, first, middle)	Date of Birth	Dependent's name(last, first, middle)	Date of Birth
Dependent's name(last, first, middle)	Date of Birth	Dependent's name(last, first, middle)	Date of Birth

### III. Enrollment Election *(check which plans you want and complete information)*

Dependent Care Plan (DCA)	
Name of Dependent Care Provider	Tax ID # or SS #
Annual Amount of Deduction \$ _____ (Min \$250 Max \$5,000) Deduction per pay period (26) \$ _____	
_____ I do not want to participate.	

Flexible Spending Account (FSA)	
Annual Amount of Deduction \$ _____ (Min \$250 Max \$2,000) Deduction per pay period (26) \$ _____ <b>(2004 Max \$3,000)</b>	
_____ I do not want to participate.	<b>Eligibility: Full-time or Part-time A EE's only and 1 year of service.</b>

Employee Transit/Commuting & Qualified Parking Account (TCA & QPA)	
<b>Parking:</b> Monthly deduction of \$ _____ (not to exceed \$190 per month)(minimum \$25/month)	<b>Commuting Costs:</b> Monthly deduction of \$ _____ (not to exceed \$100 per month)(minimum \$25/month)
_____ I do not want to participate.	

I certify that all the information on this form is correct. I understand that: Any amount remaining in my Transit/Commuting Account (TCA) and Qualified Parking Account (QPA) at year end will be carried forward; Flexible Spending Account (FSA) and/or Dependent Care Account (DCA), balances at year end will be forfeited in accordance with current plan provisions and the IRS tax laws; and that all plan deductions are in effect for the full plan year and cannot be changed or stopped unless I experience a change in family or employment status.

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

**ABS** Advanced Benefit Strategies

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Flexible Benefits Administration

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