

Participant Election Form  
Flexible Spending Accounts (FSA)



**Participant Information**

Employer Name: The University Corporation		Plan Year:
Participant Name:		SSN:
Mailing Address:		Birth Date:
City:	State:	Zip:
Phone:	Email:	
Payroll Cycle:	If new employee, provide eligibility date:	

**Pre-Tax Benefit Elections**

Flexible Spending Account Categories:	Pre-Tax Election (per pay period)	Pre-Tax Election (per plan year)	Initials
Healthcare FSA: (\$3,200 maximum per year)			
Dependent Care FSA: (\$5,000 maximum per year)			
Total Pre-Tax Contribution Amount:			

Would you like a Debit Card? Note: Debit cards have a three year expiration and may be used over multiple plan years.	Initials
Yes, I am a new participant and would like a debit card	
Yes, I have discarded my original card and need a new debit card	
Yes, reload my existing card	
No, I do not want a debit card	
I would like a 2nd card for my spouse ( spouse's name: _____ )	

**Plan Election Agreement**

I understand that by signing below, I am making a binding election of the benefit(s) indicated on this form and hereby authorize my employer to re-direct each pay-period the contribution(s) listed in the above election section. I further understand that IRS requires forfeiture of any unused contributions (use-it-or-lose-it-rule) that remain unclaimed after the end of the plan year. There is a 90 day grace period to submit eligible expenses incurred during the current plan year. Once this election form is signed, I understand that my contribution(s) cannot be revoked or changed during the plan year, unless I have a qualifying "Status Change", which includes marriage, divorce, death of spouse or child, birth or adoption of a child, and termination of employment of spouse which justifies the revocation. (See SPD's for Rules). Each year I have the option to make changes to my TAG plan election amount(s) during the Open Enrollment Period (OEP). In the event of a change in my cost for the employer sponsored group insurance premium(s), I authorize my employer to adjust my TAG plan contribution(s) accordingly. I have examined this agreement and to the best of my knowledge, it is true and complete.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Direct Deposit Authorization



## Direct Deposit

Direct Deposit is safe, convenient, and easy. Your claims will be processed as usual. When disbursements are processed for your company, your reimbursement will be deposited directly into your designated account and you will receive a non-negotiable paper transaction record from us through your payroll department.

## Setup Instructions

1. Complete all information on this Authorization Form.
2. Attach a voided check.
3. Sign and date the form.
4. Mail the completed authorization to the address listed below for approval.

## Direct Deposit Authorization

Name: \_\_\_\_\_ Employer: The University Corporation

Type of Account:  Checking  Savings

Financial Institution Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

I authorize The Advantage Group and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error, to my account. This authority will remain in effect until I have cancelled it in writing.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

### Attach Voided Check

*voided check*

**Mail Completed Form:** The Advantage Group, 43471 Ridge Park Drive, Suite B, Temecula, Ca 92590

For assistance please contact TAG participant support at (877)506-1660 or support@enrollwithtag.com