Maumee Valley Presbytery
Enrollment/Change Form for Dues-Share w/Health & Dependent Care Flexible Savings Plan For Plan Year 2025

Section A *Employee, Spouse and Dependent Information*

1 Employee Name: _____ _____ _____
First M.I. Last

Address: (Line 1) _____

(Line 2) _____

_____ _____ _____
City State Zip

Telephone Number: _____ E-mail Address:_____

Employee's Date of Birth: ___/____/_____ Employee's Soc. Sec. Number _____-____-_____
Mo Day Year

Marital Status: ___ Single ____ Married ____ Divorced ____Separated ____ Legally Separated

2 Spouse Information

Name of Spouse: _____ _____ _____
First M.I. Last

Date of Birth: ___/ ___/ _____ Soc. Sec. Number: _____-____-_____

3 Dependent Information ***List all your Eligible Dependents:***

(Attach separate Sheet if necessary.)

First	MI	Last	Date of Birth	Relationship

Section B *Annual Contribution Amount (January 1, 2025 - December 31, 2025)*

Health Care Flexible Spending Account $_____ ($3,200 Maximum)

Dependent Care Account $_____ ($5,000 Maximum)

Medical/Dental/Vision Eyewear Dues Account $_____

Section C *Payroll Information*

Name and address of Church Treasurer or person responsible for payroll:

_____
Name

_____
Treasurer's E-Mail Address

_____
Church or Organization

_____
Treasurer's Telephone Number

_____
Street Address

_____ _____ _____
City State Zip Code

Section D Qualifying Events and Required Documentation for Enrollment Changes during the Plan Year

All Qualifying Events MUST be submitted with appropriate documentation in order to be processed.
A new enrollment form must be completed and returned within 30 days after the Qualifying Event.

HCFSA and Dependent Care Account Qualifying Events and Documentation

- Marriage - Marriage Certificate
- Birth of a child - Birth Certificate
- Death of participant - Death Certificate
- Adoption of a child - Adoption agreement and and employee's tax return showing eligible dependents.
- New employee - Letter from employer.
- Termination of employment - Letter from employer.

Dependent Care FSA Only - Qualifying Events and Documentation

- Divorce/legal separation/annulment - Divorce, annulment decree/separation agreement
- Death (spouse or dependent) - Death Certificate
- Change from FT or PT employment or vice versa - Letter from employer. (self, spouse)
- Approved unpaid leave of absence - Letter from employer. (self, spouse)
- Termination of employment - Letter from employer. (self, spouse)
- Reduction or increase of hours worked - Letter from employer (self, spouse).
- Ineligibility of dependent - Birth certificate or other appropriate documentation.

Section E Authorization, Annual Salary Reduction Agreement and Certification

I have read the plan document(s) governing the Health Care Flexible Spending Account (HCFSA), the Dependent Care Account (DeCap), and the Medical Dues Account. I understand that by submitting this Enrollment Form, I am making a binding election as to my benefit coverage for the Plan Year that begins January 1, 2025. I authorize my Employer to reduce my gross salary as indicated on this form in order to pay for the benefits I have elected. I understand that my payments will be pro-rated over each payroll period.

Note: I understand that my HCFSA election cannot be reduced or revoked for any reason except for termination of employement during the Plan Year. My HCFSA , DeCap or Medical Dues election can only be changed if I experience a Qualifying Event listed in Section D. I further understand that each account is separate and the DeCap funds cannot be used for or transferred to HCFSA or vice-versa. I understand that any amount remaining in the FSA that is not used during the Plan Year, will be forfeited, except for up to a $500 carryover to the new Plan Year. I understand that I am only eligible to receive reimbursement on behalf of my eligible dependents listed on this form.

Section F Employee/Participant Signature

Signature *Date*

/ /

Distribution: Church Treasurer or Person Responsible for Payroll
Copy to Limited Third Party Claims Administrator - (Presbytery Designated)
Copy for your records.