Human Resources

Flexible Spending Account (FSA) Enrollment/Change Form

1. Personal Information

Employee Category: ☐ Faculty/Staff ☐ Postdoctoral Associate ☐ Support ☐ Service

Last Name | First Name | Middle Initial

Home Address | City | State | Zip Code

Office Address | MIT ID Number

2. Flexible Spending Account (FSA) Election

Health Care Account

☐ Enrollment ☐ Change ☐ Cancellation

$ _____

- Amount to be deducted for the current calendar year
- Minimum amount is $104.00/year
- Annual maximum is $3,200/year per individual

Dependent Care Account

☐ Enrollment ☐ Change ☐ Cancellation

$ _____

- Amount to be deducted for the current calendar year
- Minimum amount is $104.00/year
- Annual maximum is $5,000/year per household

3. Acknowledgement/Signature

I authorize MIT to take out of my pay the pre-tax contributions indicated by my election(s). I understand that by authorizing pre-tax contributions to a Flexible Spending Account (FSA), I cannot change my elections under this plan during the calendar year unless I have a change in my personal situation that would, under federal law, permit modification of my elections. I have read the limitations on the next page.

Employee Signature | Date

Please return this completed form to MIT Benefits at benefits@mit.edu within 31 days of your qualifying event.

For Office Use Only

☐ **New Hire/Newly Eligible** ☐ **Life Event** **Date of Event**: _____

Benefits Representative Signature | Date

Comments _____

Guidelines for FSA Enrollment/Changes

In exchange for the tax advantage of before-tax premium payments, you are prohibited from enrolling in, cancelling, or making any changes in the level of your FSA elections outside of open enrollment, unless you have experienced a qualifying event. The change in the level of coverage must be consistent with the qualifying event. To make a change in the level of your FSA elections outside of open enrollment, this form must be received by MIT Benefits within 31 days of the event; the change will be effective on the date of the event.

Examples of changes in family and/or employment status for Health Care and Dependent Care FSAs	
Marriage/divorce	**Death of a spouse, domestic partner, or dependent**
Beginning of a domestic partnership	**A dependent satisfying or ceasing to satisfy eligibility requirements**
End of a domestic partnership	**You, your spouse/domestic partner gains or loses employment**
Adoption or birth of a child	**Beginning or end of an unpaid leave of absence**
Example of qualifying event for Dependent Care FSA only	
If the cost or coverage for a Dependent Care service changes, the participant may change their Dependent Care FSA election prospectively.	

FSA elections made on this form are effective as of the event date. **By electing to participate in a Health Care FSA, a Dependent Care FSA, or both, you agree to the following:**

1. You can receive reimbursements only for qualified expenses incurred during the plan year and after the effective date of your enrollment.
2. It may be more advantageous for you to use the tax credit available through the Internal Revenue Code when filing your annual income tax return. You should consult a tax professional for assistancewith which option provides a more favorable result for you.
3. If you receive reimbursements for services that are not eligible, or if the IRS rules that FSA does not meet the requirements for reducing taxable income, you agree on demand to reimburse the Institute for any liability it may incur for failure to withhold federal and state income tax, up to the amount of additional tax actually owed by you.
4. MIT cannot guarantee the tax treatment of FSA deposits.
5. You cannot change or revoke this agreement during the plan year unless there is a change in your status as described above. To change or revoke this agreement, an FSA Enrollment Change/Form must be received MIT Benefits within 31 days of the change in your status, and the change/revocation will be effective as of the date of your qualifying event.
6. MIT is required under the Internal Revenue Code to conduct nondiscrimination testing. The plan Administrator may reduceor cancel your salary deduction or otherwise modify this agreement if it is necessary to satisfy provisions of the Internal Revenue Code.
7. If you use the debit card for your Health Care FSA you may be asked to provide substantiation of the expenses to the Administrator to satisfy Internal Revenue Code regulations. Failure to provide the required documentation will result in these charges being re-characterized as ineligible expenses, and the reimbursement you previously received will be revised to report it as taxable income.