

**SAINT LOUIS UNIVERSITY**  
**FLEXIBLE SPENDING PLAN (FSA)**

**Please note you can't select the FSA PLAN if you are enrolled in the HSA Plan.**

**2020 ENROLLMENT AND SALARY REDUCTION AGREEMENT**

**Maximum Enrollment: \$2,750 / Minimum Enrollment: \$130**

Name \_\_\_\_\_ Banner ID \_\_\_\_\_ SSN \_\_\_\_\_  
(Last) (First) (MI)

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Birth \_\_\_\_\_ Gender:  Male  Female Date of Hire \_\_\_\_\_

Pay Site:  Monthly  Biweekly Work Phone \_\_\_\_\_

I hereby elect to receive medical/dental reimbursement(s) under the Saint Louis University Flexible Spending Plan for this Plan Year, beginning January 1, 2020, my date of hire, or date of qualifying event, and ending December 31, 2020, and I agree to reduce my compensation for such period by:

\$ \_\_\_\_\_  
**(Total enrollment for the 2020 CALENDAR YEAR)**

I have received, read and understand the **Summary Plan Description** and I realize:

1. The total amount that I elect to contribute will be withheld from all pay periods beginning on January 1, 2020, my date of hire, or date of qualifying event, and ending December 31, 2020.
2. I am making a binding election for salary reduction for my eligible Plan Year that can only be changed if there is a qualifying change in family or employment status.
3. Reimbursement will be available only for medical and dental expenses qualifying under Section 213 of the Internal Revenue Code. (Premiums, of any type, are not an eligible expense.)
4. This election form **terminates** on the last day of the Plan Year. Participation in any subsequent Plan Year requires a new election to be completed during the annual Open Enrollment period for the year involved.
5. Any benefits unused upon termination or at the end of the Plan Year will be forfeited.
6. Employees have 90 days following the end of the Plan Year, or March 31, 2021 to submit eligible expenses for their Medical Flexible Spending Account. This means that employees may incur eligible expenses until March 15, 2021, for the 2020 plan year. **The deadline to submit all 2020 reimbursement claims remains March 31, 2021.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

-----  
FOR BENEFITS USE ONLY

MN / BW \$ \_\_\_\_\_ per pay period Banner \_\_\_\_\_ PHICHEK \_\_\_\_\_ CYC \_\_\_\_\_