

Albany-Schoharie-Schenectady-Saratoga BOCES

Section 125 Benefit Plan
Enrollment Application

Plan Year: January 1, 20 [ ] - December 31, 20 [ ]
Extended Expense Period for FLEXible spending Account to March 15, 20 [ ]

Please print clearly

Name: Last First MI Building or Department:

Street Address or PO Box #: SS Number:

City: State: Zip:

Telephone: (Home) (Work with Extension)

Employment Year (Months): 10 mo. 12 Mo. Specify

Pay Schedule: X Bi-Weekly

In accordance with the Plan, I elect the following benefits and designate the following amounts for each benefit I have selected. The BOCES and I agree that my compensation will be reduced by the amounts set forth below for each pay period designated by BOCES and plan year (or during such portion of the year as remains after the date of this agreement).

Medical Insurance Premium Plan:

I elect to enroll in the Albany-Schoharie-Schenectady-Saratoga BOCES's Medical, Dental, and Vision Care Insurance Premium Plan and to have my portion of premiums paid on a pre-tax basis, for this and subsequent years.

I understand that if my required contributions to pay premiums for the elected benefits are increased or decreased while this agreement remains in effect, my compensation reduction will automatically be adjusted to reflect that increase or decrease.

FLEXible Spending Plan:

Election of Medical Reimbursements

I elect the following amounts to be withheld from my paycheck this plan year. I understand that I will NOT pay Federal, State Income, or FICA taxes on the amount withheld.

\$ this plan year for the Unreimbursed Medical FLEX Account (minimum \$200; maximum \$3,000) Note: No premiums (eg. COBRA) may be paid through this account.

Table with 2 columns: # of Pay Periods, Per Pay Period. Includes 'For Office Use Only' header and a calculation line: = \$

I understand that:

- Reimbursements will be available only for "qualifying medical care expenses". Generally, "qualifying medical care expenses" are those medical expenses normally deductible on my federal income tax return...
This section of the agreement will automatically terminate if the Plan is terminated or discontinued. I will, however, be entitled to be reimbursed for eligible expenses (to the extent funded) for the remainder of the Plan Year.
I cannot seek reimbursement from this account for a medical expense which I intend on taking as a deduction on my tax return.

(Over)

