

SOUTHFLEX – FLEXIBLE SPENDING ACCOUNTS

ADMINISTERED BY HEALTHEQUITY, INC.

2022

ENROLLMENT FORM

(Please Print)

Prefix First Name Middle Initial Last Name J Number

Home Address City State Zip Code

Pay Status: Monthly Biweekly

HEALTH CARE ACCOUNT Maximum Annual Contribution - \$2,750
Funds can be used for qualified expenses including medical, dental and vision.

I elect to participate in the Health Care Flexible Spending Account. My **TOTAL ANNUAL** deposit for 2022 is \$_____. I understand this total will be deducted in equal amounts from my regular paychecks in 2022.

DEPENDENT CARE ACCOUNT Maximum Annual Contribution - \$5,000 (\$2,500 for married filing separately)
Funds can be used to pay for daycare, preschool, elderly care or other dependent care.

I elect to participate in the Dependent Care Flexible Spending Account. My **TOTAL ANNUAL** deposit for 2022 is \$_____. I understand this total will be deducted in equal amounts from my regular paychecks in 2022.

I understand that:

- I may not change my Flexible Spending Account deposits during the Plan Year unless I have a change-in-status; and then only changes consistent with the change-in-status will be permitted.
- I cannot transfer money between the Flexible Spending Accounts.
- I will lose any unused balance remaining in my Flexible Spending Accounts as of March 15, 2023, for the Health Care Account and December 31, 2022, for the Dependent Care Account. The unused balance will be combined with other unused participant balances and used to offset the cost of administering the plan.
- Claims incurred during the 2022 plan year must be submitted by April 15, 2023.
- Expenses for which I am reimbursed under this plan cannot be deducted on my income tax returns.
- Funds in the account(s) can only be paid out to reimburse payment of expenses actually incurred during the plan year.
- The University of South Alabama reserves the right to terminate this plan at any time.

EMPLOYEE SIGNATURE: _____ DATE: _____

THIS FORM MUST BE RETURNED TO HUMAN RESOURCES



For assistance please call Ms. Angie Greer at 460-7545
Scan and e-mail Enrollment form to hmaincampus@southalabama.edu.

Forms may also be hand delivered or mailed to the address below.
It is not necessary to send the original form if e-mailed.

Forms will not be accepted by fax.

SouthFlex
University of South Alabama
Human Resources
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650 Clinic Drive
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Thank You!