



2015 Flexible Spending Accounts Election Form

The Federal Judiciary Benefits Program

Effective Date of Coverage:

Please refer to the effective date schedules posted on the J-Net (Resources>Benefits>Flexible Benefit Program) for determination of your effective date of coverage.

Election Limits:

HCRA - Health Care Reimbursement Account - If you wish to enroll in the HCRA please indicate the amount you wish to contribute for the plan year. The maximum allowable annual election is \$2,550 and the minimum is \$100.

DCRA - Dependent Care Reimbursement Account - If you wish to enroll in the DCRA, please indicate the amount you wish to contribute for the plan year. The maximum allowable annual election is \$5,000 (if married and filing taxes separately, the maximum is \$2,500) and the minimum is \$100.

Four ways to enroll:



Web*

<http://judiciary.adp.com>

*If you are enrolling via the web, please keep this form for your records. You do not need to return a copy of this form.



Phone

1-888-442-FLEX
(3539)



Fax

1-800-778-0045



Mail

Federal Judiciary
Benefits Program
P.O. Box 35680
Louisville, KY 40232

A. Personal Information (Please Print)

Name		Employee ID	Date of Birth	
Address		City	State	Zip Code
Email				

B. New Hires/Open Enrollment

Event Code: New Hire Open Enrollment

HCRA - Health Care Reimbursement Account

Election to Participate - I hereby elect to participate in the HCRA. I elect to contribute \$ _____ for the current plan year.

DCRA - Dependent Care Reimbursement Account

Election to Participate - I hereby elect to participate in the DCRA. I elect to contribute \$ _____ for the current plan year.

C. Signature - Please read the following carefully before completing your election:

- I agree that my compensation will be reduced by the amount I have elected under the Flexible Benefit Program, continuing for each pay period until this agreement is amended or terminated for the current plan year.
- I understand that my election is for the 2015 Plan Year beginning January 1 and ending December 31. My deduction per pay period is my annual election divided by the number of remaining pay periods in the Plan Year.
- I understand that I cannot change or revoke any of these elections before January 1 of the next plan year, unless I experience a QLE (e.g., marriage, divorce, birth or adoption of a child, death of a spouse or child, termination or commencement of employment by my spouse or other such events allowed under the Internal Revenue Code) and the election change is caused by, and consistent with, the QLE.
- I understand that any pre-tax elections I have made will reduce my compensation for Social Security tax purposes. This means that my Social Security benefits could be decreased.
- I understand that any amount remaining in my Health Care Reimbursement Account (HCRA) and/or my Dependent Care Reimbursement Account (DCRA) after the end of the Plan Year will be forfeited.
- I understand that if I wish to add, change or continue in one or both of the Flexible Spending Accounts, I must make an election each year. My election will not carry over from one plan year to the next.
- My election amount(s) will be noted on my confirmation statement.

Signature _____

Date _____