



HOUSE STAFF
HEALTH CARE FLEXIBLE SPENDING ACCOUNT
Enrollment Form for Plan Year Ending December 31, 2012

INSTRUCTIONS

- PLEASE PRINT
Sign and date your enrollment form
You may fax this form to Student Benefits Desk, Registrar's Office, School of Medicine at 410-955-0826. If you fax this form, do not mail original.

SECTION 1 - PERSONAL INFORMATION

NAME
SOCIAL SECURITY NUMBER
STREET ADDRESS APT. #
CITY STATE ZIP
DAYTIME PHONE

SECTION 2 - ELECTIONS (The maximum amount you may contribute is \$5,000 per plan year)

Eligibility Status Effective Date of Eligibility
Open Enrollment January 1, 2012
New Full-time House Staff 1st of the month coincident with or following appointment date
Life Event 1st of the month coincident with or following life event date

The total dollar amount I wish to place in this account for the plan year from effective date of eligibility to December 31, 2012 is \$ (Plan year ends December 31. Re-enrollment for following calendar year required.)

SECTION 3 - AUTHORIZATION

I understand that by signing and submitting this form, I authorize a salary reduction based on my election above. My election cannot be changed during the plan year, unless I experience an eligible Qualified Life Event. I further understand that this form must be signed and dated prior to my plan effective date to be eligible to participate in this plan year.

Print your name: LAST NAME FIRST NAME

Your Signature Date

SECTION 4 (OFFICE USE ONLY)

Effective Date Date Processed