



University of Missouri System

## 2025 Flexible Spending Account Enrollment and Change Form

Plan Year: January 1, 2025, through December 31, 2025

Employee Last Name	Employee First Name	MI	EMPL ID (NOT SSN)
Phone Number	Date of Birth	Hire Date	Pay Cycle: <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly

### Flexible Spending Account Instructions

- You must enroll every year for the Health and/or Dependent Care Flexible Spending Accounts (FSAs); your enrollment will not continue from one plan year to the next.
- Choose carefully as your election is binding for an entire plan year unless you experience a Qualified Family/Employment Status Change that would allow you to change your election.
- Any unused dollars remaining in your FSA account(s) at the end of the plan year will be forfeited.
- Complete and return this form to your campus contact no later than November 1, 2024, for the 2025 Annual Enrollment period, or within 31 days from your date of hire or qualified event.**
- Changes to FSA elections may have specific requirements or restrictions and must be consistent with the Qualified Family/Employment Status Change.
- A change in your Health Care FSA election or Dependent Care FSA election will be effective on the first day of the month coinciding with or following the date of your change in status event or the date you provide notice of the event, whichever is later.**

### I. Type of Qualified Status Change

Date of Status Change      /      /     

Please check one:

- |   |  |
|---|--|
| <input type="checkbox"/> Annual Enrollment                                  | <input type="checkbox"/> Death of spouse or dependent                          |
| <input type="checkbox"/> New hire enrollment                                | <input type="checkbox"/> Dependent is no longer a qualified tax dependent      |
| <input type="checkbox"/> Marriage   | <input type="checkbox"/> Change in employee's or dependent's employment status |
| <input type="checkbox"/> Divorce or annulment                               | <input type="checkbox"/> Was it the spouse's status that changed?              |
| <input type="checkbox"/> Began Family Medical Leave Act                     | <input type="checkbox"/> Yes <input type="checkbox"/> No                       |
| <input type="checkbox"/> Ended Family Medical Leave Act                     |  |
| <input type="checkbox"/> Became eligible for Medicare or Medicaid coverage  | <input type="checkbox"/> Birth, adoption, or placement of adoption of a child  |
| <input type="checkbox"/> Lost eligibility for Medicare or Medicaid coverage | <input type="checkbox"/> Child turned age 13 (Dependent Care FSA only)         |
| <input type="checkbox"/> Judgment, decree, or court order                   | <input type="checkbox"/> Change in cost of care (Dependent Care FSA only)      |

### II. Enrollment and Election Changes

HEALTH CARE	ACTION	ANNUAL CONTRIBUTION AMOUNT (Maximum = \$3,200 Minimum = \$50)
Covers eligible health care expenses for you and your federal tax dependents.	<input type="checkbox"/> Enroll <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Current <b>ANNUAL</b> Pledge \$ <u>                    </u> New <b>ANNUAL</b> Pledge \$ <u>                    </u>  Your pay period deduction will be your new Annual Pledge minus your year-to-date contributions (if any) divided by the remaining number of paychecks in the current calendar year.

DEPENDENT CARE	ACTION	ANNUAL CONTRIBUTION AMOUNT (Maximum = \$5,000 Minimum = \$50) For married individuals filing separately, maximum = \$2,500
Covers eligible daycare expenses so you can work or go to school full-time.  DOES NOT include medical expenses for your federal tax dependents.	<input type="checkbox"/> Enroll <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Current <b>ANNUAL</b> Pledge \$ <u>                    </u> New <b>ANNUAL</b> Pledge \$ <u>                    </u>  Your pay period deduction will be your new Annual Pledge minus your year-to-date contributions (if any) divided by the remaining number of paychecks in the current calendar year.

- Pay period deductions are calculated as follows:
  - Biweekly paid: Annual Pledge divided by 24 (Deductions will only be taken from the first two paychecks each month).
  - Monthly paid (including faculty paid over 12 months): Annual Pledge divided by 12.
  - 9-month faculty paid over 9 months: Annual Pledge divided by 9. No deductions will be taken from June through August even if there is summer pay.
- For elections made after January 1, your pay period deduction will be the Annual Pledge minus your year-to-date contributions (if any) divided equally over your remaining number of paychecks in the current calendar year.
- If you have a qualified status change during the plan year and cancel your health care contributions for the remainder of the year, your coverage will terminate at the end of the month in which your last contribution was made. Health care expenses incurred in any month after your health care contributions end are not eligible for reimbursement.
- Reimbursements from the Flexible Spending Account can be direct deposited into your checking or savings account. If you would like to establish direct deposit, or elect to receive email notifications when your reimbursements have been processed, you can provide that information to ASIFlex online or the applicable form can be downloaded at [www.asiflex.com](http://www.asiflex.com).
- You do not need to set up the direct deposit or email account with ASIFlex if you are currently enrolled in a Flexible Spending Account(s) with direct deposit and/or email notifications unless you wish to make a change to the account in which your reimbursements are deposited or change the email address to which you receive notifications.

### III. Authorization and Acknowledgements

I authorize the above adjustments to my base annual salary and payroll deduction from my salary on a pre-tax basis. I understand that by submitting this election, I am making an irrevocable election for the 2025 plan year unless I incur a Qualified Family/Employment Status Change as defined in the Flexible Benefits Summary Plan Description (SPD), which allows me to make a change in my contribution amount. The FSA SPD can be found on the University of Missouri System Total Rewards webpage ([umurl.us/fsa](http://umurl.us/fsa)).

I acknowledge and agree that this document may be signed by electronic signature, which shall be considered an original signature for all purposes and shall have the same force and effect as an original signature. "Electronic signature" shall include faxed versions of an original signature, electronically scanned and transmitted versions of an original signature, and typed signature in a fillable form or typed signature via Adobe Pro.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee ID Number

**Please return this completed form to the HR Service Center or your campus HR Generalist.**

### CAMPUS CONTACT INFORMATION

Columbia, System and Hospital Campus  
HR Service Center  
Phone: (573) 882-2146  
Fax: (573) 882-9603  
[hrservicecenter@umsystem.edu](mailto:hrservicecenter@umsystem.edu)

Rolla Campus  
Phone: (573) 341-4241  
Fax: (573) 341-4984  
[benefits@mst.edu](mailto:benefits@mst.edu)

Kansas City Campus  
Phone: (816) 235-1621  
Fax: (816) 235-5515  
[benefits@umkc.edu](mailto:benefits@umkc.edu)

St. Louis Campus  
Phone: (573) 882-2146  
Fax: (573) 882-9603  
[umslbenefits@umsl.edu](mailto:umslbenefits@umsl.edu)