
# Flex Enrollment Form

Name_____ Social Security #_____

Address_____

I hereby elect to participate in the Flexible Benefits Plan from January 1, 2018 to December 31, 2018 and have a Flexible Spending Account established for the following qualifying expenses:

**Eligible Health Care FSA** **$_____** Annually

Your contributions will be deducted from your pay on a before tax basis.
**(Total cannot exceed $2,650)**

**Dependent Care FSA** **$_____** Annually

Your contributions will be deducted from your pay on a before tax basis.
(Total cannot exceed $5,000 or $2,500 for married individuals who file a separate return)

**DO NOT INCLUDE AMOUNTS OF ANY OF YOUR HEALTH, DENTAL AND/OR VISION PREMIUMS AS PART OF THIS FIGURE**

This election is irrevocable during 2018 except for changes in my family circumstances as defined in the Plan.

I agree that New Mexico Institute of Mining & Technology may change or suspend the reduction of my compensation if the Internal Revenue Service, through legislation or restrictive regulation, limits or prohibits salary reduction under Section 125 of the Internal Revenue Code.

I hereby release New Mexico Institute of Mining & Technology from all present and future rights or claims to any sums reduced from my salary and used for reimbursement of eligible expenses in accordance with the provisions of the Flexible Benefits Plan.

I understand that reduced amounts of taxable compensation, which are not utilized for benefits under this Plan, are forfeited.

Further, I accept responsibility for the proper treatment of benefits paid under this Plan with respect to all individual income tax reporting.

_____ _____

**Employee Signature** **Date**

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Employer Use Only

# pay-periods _____ ME_____ DC_____