

2009
HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)
Election Form

I have read the information about the North Georgia College Health Care Flexible Spending Account. I understand that I have the option to reduce my salary to reimburse myself for those health care expenses not covered by health insurance plan that I may incur in 2009. I have indicated the amount that I wish to reduce my salary for the period of January 1, 2009 through December 31, 2009. I understand that I may elect to reduce my salary by any amount and that I will forfeit any amount deducted during the plan year for which claims are not made.

I further understand that I must provide the required documentation as outlined by the Human Resources Department in order to make claim for reimbursement from my Health Care Flexible Spending Account.

I elect to reduce my salary by \$_____ annually for the
2009 calendar year.

I am on a _____ Monthly _____ Bi-Weekly pay schedule.

*9- month faculty will be deducted in 10 pay periods

I understand that I will not be permitted to change this election until January 1, 2010, except for the following changes in circumstances:

- Marriage or divorce
- Birth, adoption or death of a child
- Death or change of employment status of spouse

I also understand that I will have until March 15, 2010 to incur qualified health care expenses and that I may request reimbursement until March 31, 2010.

Signature

Date

Printed Name

Social Security #

Human Resources Signature

Date Received