



# UT FLEX Salary Conversion Agreement



Please submit this form to your local Benefits Office by July 31, within 31 days of employment, or within 31 days of a qualified Status Change. Please make a photocopy of this form for your records. Complete information about the UT FLEX plan can be found in the UT FLEX booklet at [www.utsystem.edu/benefits](http://www.utsystem.edu/benefits) or through your Benefits Office. For additional information about the tax consequences of your election(s), please consult your tax advisor.

Questions regarding the administration of your reimbursement accounts (if elected) should be directed to PayFlex Systems USA, Inc. at 1-866-887-3539.

Personal Information			
Last Name	First Name	MI	Social Security Number
Street Address	City	State	Zip

Purpose of Form			
<input type="checkbox"/> Election:	<input type="checkbox"/> Revision due to change in family status (check one):	<input type="checkbox"/> marriage or divorce <input type="checkbox"/> gaining a dependent <input type="checkbox"/> losing a dependent	<input type="checkbox"/> commencement of spouse's employment <input type="checkbox"/> termination of spouse's employment <input type="checkbox"/> change in you or your spouse's eligibility for coverage due to change in employment
			<b>For Human Resource Office Use Only.</b> Begin date of participation in the UT FLEX plan: _____

Insurance Premium Redirection Account
If you pay by payroll deduction, your share of premiums for Medical, Dental, Term Life (up to \$50,000 of Employee Only coverage), and Accidental Death and Dismemberment will automatically be redirected through UT FLEX. No election is necessary to receive this benefit.

Medical Expense Reimbursement Account		
If you choose to participate in the UT FLEX Medical Expense Reimbursement Account, determine the yearly amount you want to redirect, the number of paychecks you will receive during the plan year (usually 9 or 12), and the amount to be redirected each month (the yearly amount divided by the number of paychecks you will receive during the plan year). The maximum annual election is \$5000 per plan year. For 12-month employees, this is approximately \$416 monthly, and for 9-month employees a maximum of \$555 monthly. The minimum monthly election is \$15 for 12-month employees or \$20 for 9-month employees.		
Yearly Amount	Circle One (Based on number of annual paychecks) 12-MONTH EMPLOYEE    9-MONTH EMPLOYEE	Monthly Election Amount
<input type="checkbox"/> I wish to receive a PayFlex Debit Card for use with my UT FLEX Medical Expense Reimbursement Account. I understand that an annual fee of \$9 (subject to prorating by \$.75 per month if participation begins after a hire date of September 1) will be deducted from my account.		

Day Care Reimbursement Account		
If you choose to participate in the UT FLEX Day Care Reimbursement account, enter the amount you want to redirect each month. The total amount to be deducted from your pay for the entire plan year cannot exceed the lowest of the following amounts: \$5000 per plan year (or \$2500 if you are married and filing a separate return), your annual income or the annual income of your spouse. Internal Revenue Code Section 129 also limits election amounts for dependent day care reimbursement accounts to a maximum of \$5000 per <u>calendar year</u> . The UT FLEX Plan is based on a <u>plan year</u> (September 1 through August 31). You are responsible for making sure that the amount you elect for the upcoming plan year does not exceed the \$5000 limit for your total <u>calendar year contributions</u> (or \$2500 if you are married and filing a separate return.) The monthly maximum that a 12-month employee may contribute is approximately \$416 per month (\$208 if married filing a separate returns.) The monthly maximum that a 9-month employee may contribute is \$555 per month (\$277.50 if married filing a separate return.) The minimum monthly election is \$15 for 12-month and \$20 for 9-month employees.		
Yearly Amount	Circle One (Based on number of annual paychecks) 12-MONTH EMPLOYEE    9-MONTH EMPLOYEE	Monthly Election Amount

Authorization	
By signing this form, I authorize The University of Texas System to redirect (reduce) my taxable pay by the indicated amounts. I understand and agree that:	
<ul style="list-style-type: none"> <li>I cannot change or suspend my election until the next Annual Enrollment period or due to a qualifying status change during the plan year.</li> <li>I cannot transfer money between the reimbursement accounts.</li> <li>Any money in my account(s) not used by November 30 to pay qualified expenses incurred during the preceeding plan year (September 1-August 31) will be forfeited.</li> </ul>	
The redirections I have elected are made in accordance with the UT FLEX summary booklet and the provisions of the Internal Revenue Code Section 125, and will be taken out in equal installments throughout the plan year.	
Signature	Date