



PLEASE PRINT CLEARLY TO ENSURE ACCURATE ENROLLMENT AND FUTURE COMMUNICATION.

Employer Name: Eastern Michigan University

EMU Employee ID#

Participant First Name: Last Name:

Social Security #: [] [] [] - [] [] - [] [] [] [] Date of Birth: / /

Address:

City, State, Zip: Phone Number:

E-mail Address: (Notification of direct deposit payment is sent via e-mail)

Pay Period: Semi-Monthly (twice a month) Bi-Weekly (every other week)

MEDICAL REIMBURSEMENT ACCOUNT

I elect to participate (not to exceed employer limit of \$2550)

\$ Calendar Year

DEPENDENT CARE ACCOUNT

I elect to participate (not to exceed \$5000 or \$2500 if married filing separately)

\$ Calendar Year

EMPLOYER USE

Please complete for mid-year enrollments

Date of first deduction: Eligibility date:

DIRECT DEPOSIT (optional - for reimbursement into bank account in lieu of using debit card)

I elect to participate (there is no need to complete this section, unless you are changing accounts)
checking account OR savings account

CHECK EXAMPLE

Routing number account number check number

Financial Institution (name of bank):

Routing Number (always 9 digits): Account Number:

If you would prefer, you can attach a voided check.

I request that my periodic paychecks for the plan year be reduced on a pro rata pre-tax basis by the sum of my medical reimbursement, dependent care and premium contributions to the plan, with such amount to be allocated among the benefits I selected above. I understand this election form cannot be revoked or changed during the plan year unless there is a qualified change in status as defined in the Summary Plan Description (SPD). I certify that I will only claim reimbursement for eligible expenses for myself and/or qualified dependents as defined in the SPD. I further certify that these expenses will not be reimbursed under any other benefit plan. I understand any unused dollars remaining in my account(s) at the end of the plan year will be forfeited. I have examined this agreement and to the best of my knowledge, it is true, correct and complete.

Employee Signature Date

TEAR ALONG THIS LINE