



2009 Flexible Spending Account Application

A Medical Care Reimbursement FSA will allow you or an eligible dependent the option to save tax dollars on health care expenses. The minimum allowable annual deposit is \$208, and the maximum is \$5,000 for the plan year. Please elect your per pay period deposit.

\$ _____
Total Annual Amount
(can not exceed \$5,000)

Divided by 20 if 9 month employee = \$ _____
Pay Period Amount (MUST be rounded down to next penny)

or

Divided by 26 if 12 month employee = \$ _____
Pay period Amount (MUST be rounded down to next penny)

For DMCCARE Participants Only:

Elect automatic reimbursement:

Yes _____

No _____

Note: If elected, when a medical claim is applied toward the deductible, copay, or has been denied, reimbursement from the flexible spending account will be automatic. If not elected, a separate spending account claim will have to be submitted.

A Dependent Care Reimbursement FSA will allow you to save tax dollars on dependent care expenses. The minimum allowable annual deposit is \$208, and the maximum is \$5,000 for the plan year. Please elect your per pay period deposit.

\$ _____
Total Annual Amount
(can not exceed \$5,000)

Divided by 20 if 9 month employee = \$ _____
Pay Period Amount (MUST be rounded down to next penny)

or

Divided by 26 if 12 month employee = \$ _____
Pay period Amount (MUST be rounded down to next penny)

IMPORTANT: The amount you can deduct is limited to the lesser of your earned income or your spouse's earned income and is not to exceed \$5,000.

I elect to have the amount(s) stated above deducted each pay for 20 pays if I'm employed nine-months or 26 pays if I'm employed 12 months of the year. I understand this election will begin January 1, 2009 and is binding through December 31, 2009.

