

**MACON STATE COLLEGE
ELECTION/ENROLLMENT FORM AND SALARY REDUCTION AGREEMENT**

Name: _____

SS #: _____

Please check the appropriate box and fill in the pay period deduction amount and the total annual amount you would like to contribute to
Health or Dependent Care Flexible Spending Account:

I elect the following Macon State College Flexible Spending Account Plan for the
Plan Year ending **December 31, 2009.**

Health Care Flex Spending
Maximum of \$5000.00
Per Calendar Year

Dependent Care Flex Spending
Maximum of \$5000, unless I file taxes
separately in which case the maximum is
\$2,500 for Dependent Care Flexible Spending.

Payroll Deduction Authorized:

\$_____ Per pay period

\$_____ Total per year

24 Bi-Weekly periods (B06)
12 Monthly periods (M01)
10 Monthly periods (M03)

In making these elections, I revoke any previous elections for the Plan Year listed above, and I understand and agree:

My salary will be reduced by the amounts selected above during the Plan Year listed above (or the portion of the year remaining after the date of this agreement).

My salary will be reduced applied toward the benefits as described in the Macon State College Plan Summary, which are incorporated into this agreement by reference.

I cannot change or revoke this agreement during the Plan Year unless there is a change in my status as described in the Macon State College Plan Summary.

I will forfeit any unused money remaining in my account(s) 90 days after the end of the Plan Year.

If I am reimbursed for Health and/or Department Care expenses that are not eligible for reimbursement, I agree on demand to indemnify and reimburse Macon State College for any liability it may incur for failure to withhold Federal and State income or Social Security taxes, up to the amount of additional taxes owed by me.

I understand that if my employment at Macon State College should terminate for any reason during this plan year, I will be personally responsible for reimbursing Macon State College for any amount drawn out of my HealthCare Spending Account in excess of the amount contributed. Reimbursement shall be either directly or through a reduction of my final payroll check, vacation payout, and/or Teacher's Retirement return of contributions.

This agreement is subject to the terms of the Macon State College Plan as from time to time are in effect.

Employee Signature

Date

Received and Agreed to by Macon State College:

Benefits Coordinator

Date