



Clark University
Section 125 Flexible Benefits Enrollment Form
 Plan Year January 1 through December 31, 2022

Massachusetts Data Privacy Laws protect information in "red" on this form.

To guard against violating MA Data Privacy Laws and University policy, only upload this form electronically to HR's secure download site.

Participant Information (Required information)

Last name _____ First name _____ Middle initial _____

Social Security # _____ **Date of Birth** _____ **Clark Employee ID#** _____

Mailing Address _____

City, State, Zip _____ Daytime Phone _____

Email Address _____ Date of Hire _____

Employer's use only	Effective Date: _____	Per Pay Period Amount: _____	1 st Payroll Deduction Date: _____
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Flexible Spending Accounts (election amounts are withheld over 24 bi-weekly pay periods)

Annual Spending Account Elections for Plan Year: I request the following amounts be deducted from my pay with pretax dollars

Health Care Spending Account
 (\$2,850 maximum)

\$ _____ Annual

Dependent Day Care Spending Account

(\$5,000 per family or \$2,500 for married employee filing separate tax returns.)

\$ _____ Annual

Dependent Information

Dependent's Last Name, First Name	Relationship	Social Security Number	Date of Birth

Spending Account Agreement

The amount(s) I have elected will be taken from my pay in equal installments on a pretax basis. I understand that if I fail to submit eligible claims for entire amount elected, I forfeit any remaining balance. The election(s) will continue throughout the Plan Year or until I notify the company in writing of a qualifying Status Change. If I have provided an email address, I am requesting that all possible communications be sent through email.

Signature _____

Date: _____