

LAWRENCE UNIVERSITY
Office of Human Resources

FLEXIBLE SPENDING ACCOUNT DIRECTIONS

The carrier for the Flexible Spending Account plan is EBC (Employee Benefits Corporation).

The annual maximum contribution for the Health Care FSA remains at \$4,000/plan year and \$5,000/calendar year for the Dependent Care FSA.

If you have decided to participate in the Flexible Spending Account plan(s), you will need to complete an Enrollment Form. If you DO NOT wish to participate in the Flexible Spending Account plan(s), you still need to print your name on top and sign the bottom of the Enrollment Form waiving your rights.

The information below should help you when completing the Enrollment Form.

My Effective Start Date: July 1, 2007

My Plan Year: July 1, 2007 – June 30, 2008

Number of Payroll Deductions From My Effective Date to End of Plan Year: 26 payroll deductions for full-time employees or 20 payroll deductions for academic year only employees

Mid-year Enrollment: You do not need to check one of the three boxes. Leave blank!

For your information, the first payroll deduction will be on July 13, 2007

Please return the completed enrollment form to Human Resources no later than Monday, June 11, 2007.

If you have any questions, please contact Human Resources at ext. 6019. Thank you!