NEW MEXICO TECH
SCIENCE • ENGINEERING • RESEARCH UNIVERSITY

2027 Flex Enrollment Form

Name_____ SSN (Last 4) XXX-XX-_____
Address_____ City_____State_____ Zip_____

Email_____Marital Status_____Single _____Married

I hereby elect to participate in the Flexible Benefits Plan from January 1, 2027 to December 31, 2027 and have a Flexible Spending Account established for the following qualifying expenses:

Eligible Health Care FSA **$**_____ Annually
Your contributions will be deducted from your pay on a before tax basis.
(Total cannot exceed $3,400)

Dependent Care FSA **$**_____ Annually
Your contributions will be deducted from your pay on a before tax basis. Total cannot exceed $7,500 or $3,750 for married individuals who file a separate return)

AUTHORIZATION AND ACKNOWLEDGEMENT
I understand that I cannot revoke or change this election during the year unless there is a qualifying "Status Change". The requested election change must be consistent and in line with the qualifying event. I may then revoke my prior election and sign a new Agreement if such a change occurs. Changes must be submitted within 30 days of the qualifying event. I understand that I must submit a claim and appropriate documentation (e.g. explanation of benefits from my Insurance Provider, itemized bill, etc.) for out-of-pocket Medical, Dental, Vision expenses before I can be reimbursed. I understand that the plan provisions will require that all Health FSA participants who have a positive balance (taking into account all claims submitted prior to termination) at the time of terminating employment will be provided with information regarding their COBRA options, if applicable (see your Summary Plan Description regarding COBRA qualifications). If the continuation for the Health FSA is not elected, I realize that I will not be reimbursed for any expenses incurred after the date employment terminates. I hereby elect to participate in Flexible Spending Account as indicated on this form. I authorize pretax deductions from my salary on the payroll schedule I have elected above. Deductions shall continue until the annual elected contribution is met or employment terminates. Certain qualifying events may allow a revision of the elected contribution amount. Notwithstanding any amendments to the Plan, any unused dollars remaining in my Flexible Spending Account at the end of the year will be forfeited. Expenses/claims must be incurred during the time that I participated in the Plan in order to be eligible for reimbursement.

_____ _____
Employee Signature **Date**

Employer Use Only

pay-periods _____ ME_____ DC_____