

**FLEXCOMP ENROLLMENT**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53851 (Rev. 6/13/09)

**NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657
(701) 328-3900 • 1-800-803-7377 • Fax 701-328-3920**

PART A APPLICANT INFORMATION			
<input type="checkbox"/> New Election Date of Hire: _____ To participate in the Plan for the period _____ through December 31, 20 ____.			
Employee Name (Last, First, Middle)			People Soft Employee Id (Required)
NDPERS Member Id	Last Four Digits of Social Security Number		Date of Birth
Organization Name			NDPERS Organization ID
PART B PREMIUM CONVERSION –DECLINE TO PRE-TAX LIFE INSURANCE PREMIUM			
Group Life Employee Supplemental Insurance Premium up to \$50,000 of coverage will automatically be pre-taxed. I decline this action. _____ Date Employee's Signature			
PART C PREMIUM CONVERSION –PRE-TAX INSURANCE PREMIUM			
I elect to pre-tax the following insurance premium(s) , excluding the NDPERS administered group life insurance:			
Company/Product Name	Company/Product Name	Company/Product Name	
Company/Product Name	Company/Product Name	Company/Product Name	
PART D MEDICAL SPENDING REIMBURSEMENT ACCOUNT			
Medical Spending Annual Maximum: \$6000	Salary Redirection Per Pay Period \$ _____ X	Number of Payroll Checks _____	Total Salary Redirection for the Plan Year = \$ _____
PART E DEPENDENT CARE REIMBURSEMENT ACCOUNT			
Dependent Care Annual Maximum: Single - \$5,000 Married - \$5,000 Married filing separate tax returns - \$2,500	Salary Redirection Per Pay Period \$ _____ X	Number of Payroll Checks _____	Total Salary Redirection for the Plan Year = \$ _____
PART F DIRECT DEPOSIT OF FLEXCOMP PAYMENT <input type="checkbox"/> Yes			
PART G INSIDE MAIL OPTION <input type="checkbox"/> Yes			
PART H AUTHORIZATION			
I have read the information in its entirety, INCLUDING THE BACK PAGE, and I hereby apply for the options listed above. I understand this agreement revokes my prior election. I authorize NDPERS to adjust my pay as required by my election. I understand that the benefit options I have elected will remain in force throughout the plan year unless I have a change in status event allowed under IRC Section 125. If my required contributions for the elected insurance premiums are increased or decreased while this agreement is in effect, my pay reduction will automatically be adjusted to reflect that increase or decrease. I understand that any amounts remaining in my account(s) not used for eligible expenses incurred during the plan year will be forfeited in accordance with current plan provisions and tax laws. You cannot participate in flex comp medical spending account if you are covered on the NDPERS High Deductible Health Plan (HDHP) with a Health Savings Account (HSA). _____ Date Employee Signature			
PART I PAYROLL PERSONNEL STAFF USE ONLY			
I have reviewed this form and certify that this employee meets eligibility requirements to participate in NDPERS Flexcomp Plan. _____ Date Authorized Agent Signature			

ENROLLMENT

New employees who meet eligibility requirements must enroll within 60 days of their hire date. Your participation will begin the first day of the month the contribution is received.

ENROLLMENT FORM INSTRUCTIONS

PART A: Employee Information

For employees paid through the Office of Management and Budget (OMB) payroll system: Your People Soft employee ID number can be found on your pay stub or direct deposit advice.

For employees paid through their agencies payroll system: NDPERS will issue you an employee ID number at the time we process your application. Employees participating in premium conversion only will not be issued a People Soft employee ID number.

PART B: Premium Conversion-Decline to pre-tax life insurance premium

Your employee supplemental life insurance premium up to the first \$50,000 in coverage will automatically be payroll deducted pretax. If you wish to pay the premium with after tax dollars, sign and date inside the box.

PART C: Premium Conversion-Pretax Insurance Premiums

List by company and product name any eligible insurance premiums you wish to have payroll deducted on a pre-tax basis.

PART D: Medical Spending Account

Enter the amount you want payroll deducted per pay period. Enter the number of payroll checks you will receive beginning with the first month a payroll deduction will be withheld through the end of the plan year on December 31. Multiply the amount to be deducted per pay period by the number of payroll checks you will receive and enter this amount in Total Salary Redirection for the Plan Year. Your election cannot exceed the plan year maximum \$6,000.

PART E: Dependent Care Reimbursement Account

Enter the amount you want payroll deducted per pay period. Enter the number of payroll checks you will receive beginning with the first month a payroll deduction will be withheld through the end of the plan year on December 31. Multiply the amount to be deducted per pay period by the number of payroll checks you will receive and enter this amount in Total Salary Redirection for the Plan Year. Your election cannot exceed the plan year maximum limit of \$5,000 for a single parent, \$5,000 for a married couple filing a joint tax return, or \$2,500 for a married person filing a single tax return.

PART F: Direct Deposit of FlexComp Payment

Direct Deposit for employees paid through OMB is available if you are having your payroll check direct deposited. Your FlexComp reimbursement will be deposited into the same account that the balance of your paycheck is being deposited into.

For employees paid through their agency's payroll system, you must complete form SFN 53852 Authorization for Direct Deposit of FlexComp Payments and submit with your enrollment form.

PART G: Inside Mail Option

FlexComp payments will be sent to you through the inside mail system. *This option is only available in the Bismarck/Mandan area if your agency uses the inside mail system.*

PART H: Authorization

Sign and date the form. **RETURN FORM TO YOUR AGENCY'S PAYROLL/HUMAN RESOURCE DEPARTMENT. RETAIN A PHOTOCOPY FOR YOUR RECORDS.**

PART I: Payroll Personnel Staff Use Only

Payroll personnel will review form for accuracy and return to employee if incorrect or incomplete. Sign and date form. Keep a copy for your records. Return original to NDPERS

**RETURN THIS FORM TO YOUR AGENCY'S PAYROLL PERSONNEL DEPARTMENT
RETAIN A PHOTOCOPY FOR YOUR RECORDS**