



UA Choice Health Plan Open Enrollment Form for FY20

www.alaska.edu/benefits

Last Name: * Yoakum First Name: * John Employee ID: * 30691270
Campus: * UAA Work Phone: * (907) 786-4922 Email: * jyoakum@alaska.edu
Employment Term: * 12 months

Welcome to online Open Enrollment for FY20! Please review the [Enrollment Guide](#) for plan information, rates and required notices. The [Open Enrollment web site](#) has all the reference materials you'll need to make your benefit choices.

- You'll start with health care options and follow the prompts through other benefit options, electronically sign when you're done and that's it!
- Note: There is a timer in the right hand corner of your screen. If this timer reaches 0:00, you'll be logged out of the system. You'll need to log back in to NextGen in order to complete your form. If you aren't able to complete your form in one sitting, that is perfectly fine, your form will be saved until May 10, 2019.
- If you have any questions, please contact your [HR Department](#).

All forms must be submitted by 5pm on Friday, May 10th

Do you want to enroll in or change your current UA Health Care plan? * No, keep my existing coverage as is (no changes) ☒
Do you wish to open or change your Health Savings Account? (if eligible) * No, I don't want an HSA. ☒
Do you want to enroll in a Flexible Spending Account? (if eligible) * Yes ☒

Do you wish to purchase or change your Supplemental Life Insurance and AD&D coverage? * No ☒

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Deduction Code: * -- Please Select -- ☒ € Dental/Vision Waived [348]
DEDN Eff. Date: * BCOV Eff. Date: * Entered By: *



UA Choice Flexible Spending Account Form for FY20

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Last Name: * Yoakum First Name: * John Employee ID: * 30691270

Employment Term:

12 Month Employee

Flexible Spending Accounts (FSA)

- This enrollment is for coverage through June 30, 2020. You **must** enroll in these accounts each year to participate; they don't roll year-to-year. Unused amounts at the end of the plan year will be forfeited.
- Please note that the **Medical FSA maximum is \$2,700** for the plan year. The **Dependent Care FSA maximum election is \$5,000**, but your maximum may be less depending on your tax filing status. See details below.
- 12-month employees will have 26 deductions; less-than-12-month employees (including all UNAC faculty members) will have 19 deductions.
- FSA deductions will not be taken out of pay for *faculty* summer additional assignments effective May 2018.

Health Care FSA (Pre-tax – maximum goal not to exceed **\$2,700**)

Please note you *may not elect* the health care FSA if you are enrolling in the Health Savings Account (HSA).

Goal amount of \$ * \$2,500.00 for the plan year, July 1, 2019 through June 30, 2020.

Maximum goal not to exceed \$2,700.

If you submit a form with a goal amount that is higher than allowed, the HR team will reduce your goal to the correct amount.

- **Dependent Care FSA** (Pre-tax – maximum goal not to exceed **\$5,000** if Married Filing Jointly or Single Head of Household; **\$2,500** if Married-Filing Separately. You **must** have eligible dependent(s) to choose a dependent care FSA; this account is **for day care** or related expenses; see [UA Choice Enrollment Guide](#) for details)

Election and Salary Conversion Authorization

- * I authorize the University of Alaska to reduce my salary in an amount equal to the cost of the benefit options that I have selected above. I understand that this election and/or salary conversion is for the appropriate plan year, and election of the Flexible Spending Account(s) cannot be revoked or changed until the next open enrollment, unless there is a loss of eligibility or life event. Any change in election for the FSA must be made within 30 days from the date of the life event. (Please contact your human resources office or refer to your Employee Benefits Handbook for life event definition.)

UAA Human Resources Office Use Only

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|--|----------------|--|------------------|--|----------------|--|
| Health Care FSA [401] | Goal Amount: | | #PP: | | BWA: | |
| | DEDN Eff Date: | | BCOV start date: | | BCOV End Date: | |
| Dep. Care FSA [406] | Goal Amount: | | #PP: | | BWA: | |
| | DEDN Eff Date: | | BCOV start date: | | BCOV End Date: | |

Entered By: *

Employee Signature

Electronically signed by John Yoakum on 04/15/2019 2:46:20 PM

UAA HR Signature

Electronic Signature Pending

UAF HR Signature

Electronic Signature Pending

UAS HR Signature

Electronic Signature Pending