MEDICAL FLEXIBLE SPENDING PROGRAM (MEDFLEX)
OPEN ENROLLMENT PLAN YEAR 2021

MEDFLEX

CO-1306 (Rev. 9/2020)

Office of the State Comptroller
Healthcare Policy & Benefit Services Division

EMPLOYEE INFORMATION

Employee Name (last, first, middle initial)	**Employee Number**	**Job Record Number**
Street Address	**Date of Birth**	**Social Security Number (must be provided)**
City, State, Zip Code	**Date of Hire**	_____ - _____ - _____
Employee Personal Email	**Office Telephone No.**	**Home Telephone No.**
Gender ☐ **Male** ☐ **Female**	**Marital Status** ☐ **Single** ☐ **Married**	

ELIGIBILITY

You CANNOT enroll in the MEDFLEX if you are:

- On unpaid leave for any reason
- Adjunct faculty or graduate assistant
- Working or expected to work less than 0.5 full time equivalent (0.5 FTE)
- Per Diem, sessional, durational, temporary or seasonal status
- Former employees and rehired retirees

ENROLLMENT INFORMATION

Annual Election Amount $ _____

(Annual minimum is $520 / Annual maximum is $2,750)

☐ If IRS maximum changes during open enrollment, to use that amount check this box.

I am paid on the following Payroll Cycle:

☐ Bi-weekly (26) ☐ Semi-Monthly (24)

☐ Monthly (12) ☐ Five Pay (5)

☐ Special bi-weekly (26)

Are you planning to retire during 2021? ☐ **Yes** ☐ **No** **(If yes, insert month)** _____

I elect to participate with the pre-paid debit card ☐ Yes ☐ No

AUTHORIZATION

I certify that the above information is true and correct and that I will only use my MEDFLEX to pay for IRS-qualified expenses for myself and my eligible dependents during the plan year. I understand that I cannot deduct expenses reimbursed by my MEDFLEX on my federal tax return. I will retain documentation for claim substantiation.

I hereby authorize the State of Connecticut to reduce my gross salary, before federal, state and Social Security taxes are withheld by the total annual election amount indicated above and affirm my understanding that:

- My election cannot be changed during the plan year, unless I experience a qualifying change in family status, as defined by the Internal Revenue Code Section 125. *Any election changes must be made within 31 days of and consistent with the change in status.*
- **MEDFLEX funds in excess of $ 550 that are not claimed for eligible plan year expenses by March 31, 2022, will be forfeited in accordance with Internal Revenue Code requirements.**

Employee Signature	**Date**

MAIL, E-MAIL OR FAX COMPLETED FORM TO:

Progressive Benefit Solutions, LLC (PBS)
14 Business Park Drive #8, Branford, CT 06405
Phone 1-866-906-8023 or 203-985-1712
FAX: 203-974-4898
Email: Enrollment@pbscard.com