



Medical FSA Salary Reduction Agreement

for Plan Year September 1, 2012 through August 31, 2013

An original signed Salary Reduction Agreement must be in the Fund Office by the enrollment deadline: August 31, 2012.

If you fail to return this form by the deadline, you will be deemed to have elected to receive my salary for the Plan Year without deduction for payment to the Medical FSA.

A copy by fax or email will NOT be accepted.

Election for pretax payroll deduction for the 2012-2013 Plan Year:

- Minimum election for the Plan Year: \$ 180
- Maximum election for the Plan Year: \$2,500

As an eligible participant in the Medical Expense Reimbursement Program (Medical FSA) offered under the JFT Cafeteria Plan:

- I acknowledge that I have received the Summary Plan Description (SPD). I have read the SPD and understand the benefits available to me as well as the other rights and obligations which I have under the Plan.
- I authorize the Jefferson Parish Public School System to reduce my salary by the amount indicated on the Salary Reduction Agreement for the 2012-2013 Plan Year. This amount will be credited to my Medical FSA and be available to reimburse me for qualifying medical expenses incurred for medical care of me or my Dependent(s) during the Plan Year September 1, 2012 - August 31, 2013, or if there are unused salary reduction amounts credited to my Medical FSA as of August 31, 2013, during the grace period (September 1, 2013 - October 31, 2013).
- I authorize the Jefferson Parish Public School System to make payroll deductions from my salary, prorated over the number of consecutive pay periods in the Plan Year, and to forward the deductions to the JFT Health and Welfare Fund.
- I agree and understand:
 - reimbursements will be available only for qualifying medical expenses incurred for "medical care" as defined in Internal Revenue Code ("Code") Section 213(d), the Plan Document and SPD, for me or my Dependent, and excludable from income, and that are not reimbursed under other insurance or sources or used as a deduction in determining my federal tax liability.
 - the term "Dependent" shall mean:
 - A. An Employee's Spouse, provided the Spouse is recognized as such under federal tax laws;
 - B. An Employee's child, step-child, legally adopted child, child placed for adoption, eligible foster child, or child within the legal custody of the Employee, through the end of the calendar year in which such child attains age 26;
 - C. Any child of the Employee, age 26 or over, who has never been married and satisfies the following requirements: (1) is mentally and/or physically challenged and thereby incapable of self-sustaining employment; (2) became so incapacitated prior to loss of Dependent child status under subsection (B); and (3) receives over half of his or her support and maintenance from the Employee. The Employee shall be required to submit to the Fund Office satisfactory proof of the child's incapacity and dependency within thirty-one (31) days of the child's loss of Dependent child status under subsection (B) and, thereafter, within thirty-one (31) days of the Plan's request for submission of proof that the child continues to qualify as the Employee's Dependent; and
 - D. Any qualifying relative of the Employee as defined in Internal Revenue Code Section 152(d).
 - E. The term "placed for adoption" means the Employee's assumption and retention of a legal obligation for the total or partial support of the child in anticipation of adoption.
 - this Salary Reduction Agreement cannot be revoked or changed or a new election form submitted, during the Plan Year unless a "change in status" event occurs as defined in the Plan and then only if necessary and consistent with the "change in status" event.
 - salary reductions may be used only for reimbursement of qualifying medical expenses incurred during the Plan Year or, if needed, the 2-month grace period. Any unused salary reductions for a Plan Year may not be carried over to the next Plan Year.
 - if at the end of the 2012-2013 Plan Year (subject to the grace period as permitted), the total amount credited to my Medical FSA Account for that Plan Year exceeds my reimbursable qualifying medical expenses, the difference in amounts will be forfeited to the Plan.

This Salary Reduction Agreement will automatically terminate at the end of the Plan Year (August 31, 2013). To enroll in a new Plan Year, a Salary Reduction Agreement must be completed and submitted.



Jefferson Federation of Teachers Health and Welfare Fund

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(504) 455-7261 www.jfthw.org

Medical FSA Salary Reduction Agreement

2012-2013

Employee's

Last Name

First Name

M.I.

Employee's SSN

JPPSS Employee Number

Employee's Email

Employee's Cell/Home Telephone Number

Total Plan Year Salary Reduction Amount for Medical Flexible Spending Account

\$

I acknowledge that I have read and understand the information about the JFT Cafeteria Plan's Medical Flexible Spending Account, and I authorize the Salary Reduction Agreement for the 2012-2013 Plan Year.

Signature of Employee

Date

Please return the original signed Salary Reduction Agreement to the Fund office.