

125 Cafeteria Plan Enrollment Form

Please complete this form and return it to your Human Resources Department



2024 Dependent Care Expenses – SUU Child Care Subsidy

1 Personal Information

_____ Employee Name		_____ Company Name			
_____ Street Address	_____ City	_____ State	_____ Zip	_____ Social Security Number	
_____ Employee Phone Number	_____ Date of Birth	_____ Date of Hire		_____ Email Address	

2 Benefit Election

Start Date _____ – June 30, 2025, Enrollment Continuation. Semi Monthly Contributions.

of pay periods remaining in fiscal year: _____

SUU Contribution election

Waive SUU Contribution.

Enroll in SUU Contribution. SUU Contribution Amount = \$75.00 per pay period

*Annual Amount over remaining pay periods \$ _____ (per pay period amount x remaining pay periods)

Personal Contribution election

Waive Personal Contribution.

Enroll in Personal Contribution. Personal Contribution Amount \$ _____ per pay period

*Annual Amount over remaining pay periods \$ _____ (per pay period amount x remaining pay periods)

*SUU contribution and personal contributions combined may not exceed IRS annual limits. Maximum annual allowable combined election is \$5,000 per plan year OR \$2,500 per year if married and filing taxes separately.

3 Employee Signature

I hereby authorize the appropriate payroll reductions as my contribution(s) to the Cafeteria Plan until changed by me in writing. I recognize that such payroll reductions shall be adjusted automatically in the event of a change in the insurance premiums of the benefits I have selected. I will only use the Flexible Spending Account (including the use of a Debit Card) for eligible expenses under the plan and understand I will be responsible to pay for any transactions not allowed by the plan. In addition, I authorize the release of account information to my spouse (if applicable).

Employee Signature

Date