



Group Insurance Commission
2008 HCSA / DCAP ENROLLMENT AND CHANGE FORM
NEW PARTICIPANTS ONLY
(CURRENT PARTICIPANTS MUST RE-ENROLL AT WWW.ENROLLONE.COM)

EMPLOYEE INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL
STREET ADDRESS			SOCIAL SECURITY NUMBER	
CITY		STATE	ZIP	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED
DATE OF BIRTH	WORK PHONE	HOME PHONE	EMAIL ADDRESS	

*Sign up for direct deposit: Go to <https://spendingaccount.shps.com>. Log in using your username and password. If you are a new user, please click **New Users Register Here**. Once logged in, please click on **Direct Deposit** on the left hand side of the screen. Fill in the appropriate information and then click submit. For open enrollment, sign up after December 19, 2007 or 20 days after enrolling during the year.*

Please complete the appropriate boxes below. See reverse side of this form for additional information.

Health Care Spending Account (HCSA)

YES, I choose to participate in the **Health Care Spending Account**. I authorize my Employer to deduct the amount specified below.

\$_____ per pay period for an annual amount of \$_____ (maximum of \$2,500 / minimum of \$500, which will be divided over each pay period during the year)

If enrolling during the plan year as a New Hire or Change in Status, your election will be divided over the remaining pay periods.

Dependent Care Assistance Program (DCAP)

YES, I choose to participate in the **Dependent Care Assistance Program**. I authorize my Employer to deduct the amount specified below.

\$_____ per pay period for an annual amount of \$_____ (maximum of \$5,000, which will be divided over each pay period during the year)

If enrolling during the plan year as a New Hire or Change in Status, your election will be divided over the remaining pay periods.

AUTHORIZATION TO PARTICIPATE / DIRECT DEPOSIT

I understand that I may not increase or decrease the amount of my income reduction until the next Plan Year, except to reflect a change in my family status. In making contributions to this spending account I understand that I will forfeit any amount in my account if I do not incur eligible expenses for it by the end of the Plan Year (January 1 to December 31 and the 2 ½ month grace period ending on March 15). I understand that only the expenses incurred during the plan year are eligible for reimbursement. This election replaces any previous election and will terminate on the earlier of (1) the end of the Plan Year; (2) when I am no longer being compensated in an amount at least equal to my total salary reduction; (3) termination of the Plan. My employer may reduce or cancel this election if necessary to comply with provisions of the Internal Revenue Code. I agree to have my reimbursements made to me via direct deposit. I authorize SHPS to make deposits to my bank account indicated above.

SIGNATURE _____ DATE: _____

TO BE COMPLETED BY PAYROLL COORDINATOR

Effective Payroll Date: _____ Coordinator Name: _____

Agency Name: _____ Department ID #: _____ / _____

Phone #: _____ Fax #: _____ Email address: _____

Reason for Enrollment (check one): Open Enrollment New Hire Change of Status

IMPORTANT INFORMATION REGARDING ENROLLMENT AND CHANGES

Administrative Fee

The cost to administer this program is paid for by each employee on a before tax basis. The monthly administrative fee is \$3.75 – for Health Care Spending Account (HCSA) alone, Dependent Care (DCAP) alone or for HCSA/DCAP combined.

Annual Maximum and Minimum for HCSA and DCAP

HCSA: The annual maximum is \$2,500 and the minimum is \$500.

DCAP: The IRS guidelines limit the annual election in the DCAP program to \$5,000.

Eligibility and Waiting Period

HCSA: Active state employees who are eligible for GIC benefits. The waiting period is the same as for other GIC life and health benefits.

DCAP: Active state employees and contract employees who work at least 18.75 hours per 37.5 hour work week or 20 hours per 40 hour work week. You are eligible on the first day of employment. Enrollment forms must be submitted to your Payroll Coordinator within 30 days from your date of hire.

Change in Status

You may change your contribution election at the beginning of each plan year. You may only change your election during the plan year if you can demonstrate a “change in status.” Only the following events will be considered a valid change in status under Internal Revenue Service rules:

- Change in legal marital status
- Change in number of dependents
- Change in employment status
- Change in work schedule which changes your eligibility for the program
- Dependent satisfies or ceases to satisfy eligibility requirements
- Change of residence or work-site
- Judgment, decree or order pertaining to child or spouse

If you would like to terminate your election as a result of a valid status change, enter a zero dollar amount in the HCSA/DCAP section(s) of the enrollment form. Payroll Coordinators must obtain the appropriate documents for a Change in Status, such as a copy of the marriage or birth certificate.

Signature and Form Submission

The employee and Payroll Coordinator must sign this form. All forms must be submitted to the Payroll Coordinator at your work site. The Payroll Coordinator must send the original form to SHPS.

Eligible Expenses under a Dependent Care Assistance Plan

Eligible expenses under a Dependent Care Assistance Plan are defined as those that enable the participant and the participant’s spouse to work or to look for work. They include the following:

1. Child care centers that care for six or more children and that meet the IRS’s definition of a qualified day care center
2. Caregivers for a disabled spouse or dependent who lives with the participant
3. Babysitters
4. Nursery schools
5. Day Camp
6. Household expenses, provided that a portion of such expenses are incurred to ensure a qualifying dependent’s well-being and protection

Note: In compliance with the IRS guidelines, the service provider cannot be an individual for whom a personal tax exemption may be claimed. In addition, a child of the participant or spouse cannot be under the age of 19.

Ineligible Expenses under a Dependent Care Assistance Plan

1. Babysitting for social events
2. Educational expenses
3. Charges for overnight camp

Eligible Expenses under a Health Care Spending Account

Eligible expenses under a HCSA are defined as those that are medically necessary, prescribed by a licensed practitioner and are not reimbursed under another program. Eligible expenses are listed in the Participant Handbook available on the GIC’s website, www.mass.gov/gic. Don’t forget that expenses such as insurance premiums may be deductible on Schedule A tax return but not eligible for reimbursement through a HCSA. Some examples of eligible expenses are: acupuncture, ambulance, artificial limbs, contact lenses; health plan deductibles; dental fees; health and RX co-pays, hearing aids, most over-the-counter (OTC) drugs and more.

Ineligible Expenses under a Health Care Spending Account

Certain health care expenses are not eligible for reimbursement from your HCSA, some of which are: cosmetic surgery, cosmetic procedures, fitness programs, hair transplants, health club memberships, and insurance premiums.