



Benefit Services

New Mexico State University
MSC 3HRS, Box 30001
Las Cruces, NM 88003-8001
Phone: (575) 646-8000
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Flexible Spending Account Information Sheet

The Flexible Spending Account plan has the following available options:

- A) Health Care Spending Account and/or
- B) Dependent Daycare Spending Account.

You may choose one or both of these features. You will be subject to the rules and regulations of the Plan as summarized in employee handouts, and found in the official Plan document, which is available for your review.

You have the option of choosing to use a debit card for your Health Care and/or Dependent Daycare FSA. **Please note:** There will be an annual \$10.00 fee for the use of this debit card. The \$10.00 fee will automatically be deducted from your Flexible Spending Account at the beginning of each plan year once you apply for the card.

With the Health Care Account, the following rules must be followed:

- Health related expenses are reimbursable if they can be considered "deductible" medical expenses on your tax return as defined under Section 213(d).
- The maximum you may contribute is **\$3,300** annually for 2025.
- Your claims will be paid for the amount of your "out-of-pocket" expense up to your annual election, less previous claims paid.
- If you terminate employment, you may submit claims for expenses incurred prior to your termination only.
- You may continue to participate in this plan after termination, but on an after-tax basis, through COBRA.

With the Dependent Daycare Spending Account, the following rules must be followed:

- Dependent Daycare must be necessary for you and your spouse to be employed or attend school full time.
- Dependent Daycare expenses must be for your dependent child under age 13 or other dependents such as physically or mentally handicapped relative or household member who is unable to care for him/herself and over half of whose support you pay.
- You can contribute up to **\$5,000** per year if you are a single parent or married and filing a joint return. The maximum is the total family contribution allowable. Your maximum may be lower under the following circumstances:
 - You or your spouse earns less than \$5,000
 - Your spouse is a full-time student or incapable of self care or you are married but file a separate federal tax return.
 - Contact Benefit Services if any of these exceptions apply.
- Care cannot be provided by your spouse or anyone you claim as a tax dependent.
- You cannot claim the same day care expenses reimbursed under this plan as a tax credit.
- Claims will be paid for the amount of your expense up to the amount of your account balance.
- You will be required to identify the person performing the child care services to the IRS by providing his/her Federal I.D. number or Social Security number.

Your choices will be in effect for the entire Plan Year (January 1, 2025 through December 31, 2025). You may add, drop or change this coverage annually at enrollment or when any of the following Family Status Changes occur:

Marriage	Death of a Dependent
Divorce	Birth or Adoption of a Dependent
Change in Your Employment Status	Change in Your Spouse's Employment Status

Any changes you wish to make must be consistent with your change in status.

For the Health Care Reimbursement Account, if you have a balance at the end of the plan year, up to \$660 will be carried over and added to the amount you elect for the new plan year. If you don't elect coverage for the next plan year you will still have access to the carry over amount. Carry over amounts are available for reimbursement while eligible for the plan. You will have until March 31, 2026 to file claims for expenses incurred during the 2025 plan year, unless you terminate employment prior to December 2025.

For the Dependent Care Reimbursement Account, you will have until March 31, 2026 to file claims for expenses incurred during the Plan Year, unless you terminate employment prior to December 2025. Any money left in your accounts after March 31, 2026 for the prior Plan Year, after you have claimed all of your expenses for that year, will be forfeited to the plan. IRS regards the date of a claim as being when the service is rendered, not when you actually pay the bill.

Because amounts contributed through the various Section 125 Plan features are not subject to Social Security taxes, a Plan participant may receive slightly less Social Security at retirement. Please consult a tax advisor.



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**Flexible Spending Account
2025 Annual Enrollment Form**

Election in the Health Care and/or the Dependent Day Care flexible spending account allows you to set aside **Pre-Tax** dollars for reimbursement. Only eligible expenses incurred January 1, 2025 through December 31, 2025* are reimbursable. For more information visit the NMSU Benefits website at <http://benefits.nmsu.edu/insurance/fsa/>.

1. Employee Information		
Name (Last, First, Middle Initial)	Aggie ID	E-mail Address:

2. Annual Deduction Amount - check all that apply
Healthcare FSA 2025 Maximum: \$3,300 I elect to participate in the annual amount of:

Dependent Day Care FSA 2025 Maximum: \$5,000 - to be used for dependent day care only - see http://benefits.nmsu.edu/insurance/fsa/ for details). I elect to participate in the annual amount of:

3. Flexible Spending Account Participants Release of Liability
<ul style="list-style-type: none"> I release New Mexico State University and its Flexible Spending Accounts claims processor, SHDR, from any liability incurred if I submit ineligible expenses for reimbursement or if I fail to follow the regulations for the Flexible Spending Account. I have read the information on Flexible Spending Accounts plan available from the NMSU Benefits Services department and understand the requirements of the flexible spending accounts. The guidelines for the administration and compliance of the plan are outlined in the Summary Plan Description and Plan. I authorize New Mexico State University to make the above pretax deductions each pay period, 24 pay periods for annual faculty/staff or 18 pay periods for academic faculty/staff, to fund my Flexible Spending Account(s) for qualifying expenses. Any amounts that are not used during the Plan Year to reimburse qualifying expenses will be forfeited by me, except for any carry over amounts allowed by the plan. I understand that I have the option of choosing to use a debit card for the Health Care and/or Dependent Daycare Flexible Spending Account. I understand that there will be an annual \$10.00 fee for the use of this debit card that will be automatically deducted from my Flexible Spending Account at the beginning of each plan year I understand that the Health Care Flexible Spending Account will only be used for eligible medical care expenses for me and my eligible dependents. I understand the Dependent Day Care Flexible Spending Account will only be used for eligible dependent day care expenses for my eligible dependents. This agreement is subject to the terms of the NMSU Flexible Benefits Plan as amended periodically. Enrollment and continuation of this Plan are governed by and construed in accordance with the applicable Federal and state laws. Changes in enrollment are subject to the "changes in status" rules of the plan.

Employee Signature

Date

For Use by HR Benefits/Payroll Office

HR Code:	Effective Date:	Input Date:	Initials:
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