

DEPENDENT CARE/HEALTH CARE REIMBURSEMENT ACCOUNT PLANS ENROLLMENT AUTHORIZATION
 Please type or print clearly with ballpoint pen. Return completed form to campus Benefits Officer.

SEE PRIVACY NOTICE ON REVERSE OF EMPLOYEE COPY

For HCRA participants only: All new enrolling participants will automatically receive a set of two ASI Debit Cards which can be used to pay for qualifying expenses.

Benefit Deduction Item (Pre-Tax)	6. DED/ORG Code	7. Monthly Deduction Amount	SCO Use Only
Dependent Care Reimbursement Account (DCRA) Employee Initial here ____ Please note: This plan is for eligible dependent day care related expenses <u>only</u>		A. \$ _____ . ____	

Health

in status



