Employee Reimbursement Accounts (ERA) Enrollment

Wisconsin Department
of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931

1-877-533-5020 (toll free)
Fax 608-267-4549
etf.wi.gov

Complete this form and submit to your human resources/payroll office to enroll in an ERA account. Print clearly. Sign on page 2. See etf.wi.gov/insurance for coverage details.

Section 1: Applicant Information *Only the subscriber applying for coverage should complete this form.*

Name (first, middle, last, former/maiden)		Last 4 digits of SSN
Birth date (MM/DD/YYYY)	Telephone, including area code	Email
Address (Street, City, State, ZIP Code)		
Employer name	*Employer use only* - Employee ID	Date of Application (DD/MM/YYYY)

Marital status
☐ Single ☐ Married ☐ Divorced ☐ Widowed

Enrollment status
☐ New enrollment ☐ Re-enrollment

Section 2: Health Care Flexible Spending Account (FSA) Elections

☐ Select Health Care FSA

Select Limited Purpose FSA coverage is limited to dental, vision, and post-deductible medical expenses, if you also elect the High Deductible Health Plan (HDHP)/Health Savings Account (HSA) plan:

☐ Select Limited Purpose Health Care FSA

Annual employee contribution*: $_____ Number of regular pay periods: _____

Contribution per pay period: $_____ (this is your employee contribution divided by number of pay periods)

*Not to exceed contribution maximums: The 2026 IRS annual contribution limit $3,300. For 2025, the annual limit is $3,200. (The minimum annual contribution amount is $50.)

Section 3: Dependent Day Care Account Elections

☐ Select Dependent Day Care Account

Annual employee contribution**: $_____ Number of regular pay periods: _____

Contribution per pay period: $_____ (this is your employee contribution divided by number of pay periods)

**In 2026, couples who are married and file a joint return, and single parents, can contribute up to $7,500 in a Dependent Care FSA. Couples who are married and file separately can put a maximum of $3,750 each into a Dependent Care FSA.

Section 4: Commuter Elections

☐ Select Transit Account

Annual employee contribution***: $_____ Contribution per month: $_____
(this is your employee contribution divided by 12)

☐ Select Parking Account

Annual employee contribution***: $_____ Contribution per month: $_____
(this is your employee contribution divided by 12)

*** For 2026, commuter contribution limits are $325 per month for transit expenses, and $325 per month for parking expenses. (The minimum annual contribution amount is $50.) *Note*: UW Hospital & Clinics employees are not eligible to elect the above Commuter Fringe Benefits.

Sign on page 2.

Section 5: Applicant Authorization

Health Care FSA and Dependent Day Care Account - I understand that:

- I am authorizing my employer to reduce my compensation by the amount specified. This election will expire at the end of the plan year, and I must make a new election each year.
- I am not permitted to change my elections during the plan year unless the change is due to and in accordance with certain recognized IRS regulations for change in status events.
- I must report any administrative errors to my payroll administrator or human resources department within 10 days of my first payroll deduction of the plan year.
- Funds left in my Dependent Day Care Account at the close of the plan year will be forfeited. Funds left in my Health Flexible Spending Account may be forfeited, per plan rules. See plan documents for more details.
- I will receive a Third-Party Administrator (TPA) payment card to access Health Care FSA funds in my account. I certify that:
    - The card will only be used for eligible medical and/or dependent care expenses.
    - Claims I pay with the card have not been reimbursed and I will not seek reimbursement from any other plan covering health or dependent care benefits.

Commuter Account - I understand that:

- I am authorizing my employer to reduce my compensation by the amount specified.
- My monthly election is recurring for entirety of the plan year unless the I make an election change.
- I may change my election any month of the plan year, as long as my request is received before the last pay period of the month prior to the new benefit month.
- I must report any administrative errors to my payroll administrator or human resources department within 10 days of my first payroll deduction of the plan year.

Applicant signature	**Date (MM/DD/YYYY)**

ERA Enrollment Terms and Conditions

I elect to participate in Employee Reimbursement Accounts and agree to be bound by the terms of the Plan.

I understand that:

- The Employee Reimbursement Accounts Program (ERA) is an optional benefit established for eligible state employees sponsored by the State of Wisconsin and administered by the Department of Employee Trust Funds (Plan Administrator). The ERA has five pre-tax benefit program options: Health Care FSA, Limited Purpose FSA (LPFSA), Dependent Day Care Account, Transit Account, and Parking Account. The ERA is authorized under Internal Revenue Service (IRS) Code Sections §125, §105, §129, and §132 and Wisconsin Statutes §40.85-§40.875.
- The Plan Administrator reserves the right to amend at any time, any or all of the provisions of the Plan. The Plan Administrator reserves the right to discontinue or terminate the Plan without prejudice at any time and for any reason without prior notice. Such decision to terminate the Plan shall be approved by the Group Insurance Board (Board) in accordance with its normal procedures for transacting business. Upon Board approval, affiliated employers may withdraw from participation in the Plan.
- A new enrollment must be completed each plan year. If I do not complete enrollment during open enrollment, I forfeit the opportunity to participate in the Health Care FSA, LPFSA, or Dependent Day Care Account benefit options.
- Contribution(s) are deducted on a pre-tax basis. If I do not wish to have my ERA contributions deducted pretax and prefer to be taxed on these dollars, I am to contact my human resource or benefit office.
- Pre-tax contribution deductions reduce my compensation for Social Security benefit purposes.
- According to Wisconsin Statutes §40.87, participation in an ERA will not reduce my wages for calculating state retirement benefits. Also, my contributions in an ERA will not reduce my gross income for the purpose of calculating any other state benefits such as sick leave conversion credits, income continuation insurance, life insurance, deferred compensation, unemployment, or worker's compensation.
- Contributions made into one account cannot be transferred and used for expenses in any other account.
- Participating in an ERA is completely voluntary, and payments from my ERA are independently reviewed for compliance with IRS regulations.
- The IRS requires me to reimburse the Plan for any improper, erroneous, or excess reimbursement amount that I do not resolve within the time frame provided by the Plan. In accordance with Wisconsin Statute §40.08(4), by enrolling in an ERA, I specifically authorize the Plan Administrator, Department of Employee Trust Funds and/or my employer to withhold from my wages on a post-tax basis such amounts as are necessary to replenish my ERA for any improper, erroneous or excess reimbursement.
- If my employment terminates, only expenses incurred through my period of coverage as defined by the Plan can be considered for reimbursement.
- Health Care FSA, LPFSA, and Dependent Day Care Account elections can only be changed or revoked during the plan year if I experience a qualified life change event or no longer eligible to participate, as defined by the Plan. The new election must be consistent with my change in status, must be applied for within 30 days of the qualified life change event, and is subject to final approval by the Plan Administrator. I cannot lower my election to an amount that is less than what I have already been reimbursed from my account. Whether I increase or decrease my election, my new election will be spread out evenly over my remaining pay periods.
- Parking Account and Transit Account elections can be changed or revoked prior to the first day of the next monthly coverage period. Elections can only be changed for future months. Upon termination or cessation of eligibility, my elections will be immediately revoked.
- If I am enrolled in a Health Care FSA or an LPFSA, my eligible expenses must qualify as a health care deduction under IRS Publication 502 and 969.
- If I am enrolled in a Dependent Day Care Account, my eligible expenses must qualify as a dependent care deduction under IRS Publication 503. The expenses are for a qualified dependent (child under age 13, spouse, or adult dependent unable to care for themselves), for care by a qualified dependent care provider such as a day care center or by an individual including a non-dependent family member over age 19, inside or outside the home.
- The maximum exclusion under a Dependent Day Care Account for married individuals filing a joint return is $7,500 per calendar year. Married individuals filing separately will get a lower exclusion ($3,750 per calendar year). IRS Form 2441 must be filed with my personal income tax return.
- If I am enrolled in a Parking Account or Transit Account, my eligible expenses must qualify as a commuter benefit deduction under IRS Publication 5137.
- At the close of the plan year, any amounts remaining in a Health Care FSA or LPFSA in excess of $660, and any amounts remaining in a Dependent Day Care Account, will be forfeited in accordance with current Plan provisions and tax laws.
- Under IRS and Treasury regulations, payments from the ERA require third-party substantiation unless the transaction is auto- substantiated or substantiated by other appropriate means approved by the Plan. I am obliged to satisfy any documentation requirements and to retain those documents for tax purposes or in the event of an IRS audit. When I am unable to substantiate my claims with a Payment Card transaction, I am to substantiate those claims manually with supporting documentation, if applicable. When I make a mid-year ERA contribution election or enrollment change, I am re-certifying to the terms and conditions.
- In circumstances where my Payment Card is lost/stolen or I become aware of fraudulent charges, I am to notify the TPA immediately. The TPA will deactivate the Payment Card and reissue a new Payment Card.
- If I am found to have used my ERA or Payment Card fraudulently, my participation in the ERA may be terminated and I may lose the ability to participate in the ERA in the future.
- If I use the City of Madison Transportation Office (located at the City of Madison Parking Utility, 215 Martin Luther King Jr. Blvd, Madison, WI 53703), I may be asked by the

TPA to provide information as they may require from time to time to permit auto-substantiation. I will retain all documentation for commuter expenses as this location for this purpose.

- Any ERA claims paid out in error and/or does not have proper documentation to validate the expense can be subject to employer payroll withholding during the runout period, request for repayment, or a business debt collection with the Plan Administrator.
- If I enroll in a FSA or commuter benefit account, I am required to have a minimum annual election amount of $50 per year. To automatically receive the balance carryover for FSAs, Parking Account, and Transit Account, you must have a balance of $50+ in your account on December 31, 2025 (or by the end of the run-out period), and no enrollment is required for 2026. Any balance less than $50 by the end of the run-out period requires a new election for the funds to be carried over. If there is not a new election made for remaining funds less than $50, the funds will be subject to forfeiture.

I certify that:

- The information that I provided is complete and accurate to the best of my knowledge.
- I agree to have my compensation reduced by the contribution amount(s) I elected on a pre-tax basis. If I do not wish to have my ERA contributions deducted pre-tax and prefer to be taxed on these dollars, I will contact my human resource or benefit office.
- I have reviewed and understand the benefits program eligibility and enrollment information and I agree to abide by all participation requirements.
- All dependents I list in my ERA will meet the eligibility requirements of the program.
- I will not claim a federal income tax deduction or credit for any expenses that were reimbursed through my ERA.
- My use of the Payment Card will comply with the terms and conditions of the Cardholder Agreement received with the Payment Card.
- All expenses charged on the Payment Card will qualify as reimbursable per IRS rules, will be incurred only for me or my eligible dependents, and will not be reimbursed and not reimbursable through any other means, including my or my dependent’s insurance plans.
- I will keep all receipts and other documentation related to expenses charged on the Payment Card for account management and tax purposes. Upon request, within eighty-five (85) days, I will fax, mail, or upload the required documentation of expenses to the TPA.
- I understand additional Payment Cards issued to my spouse or dependent(s) will provide the named individual with access to my ERA. I accept responsibility for all Payment Card transactions incurred by the named individual and will submit documentation, as requested, for those transactions.
- I acknowledge and agree that use of the Payment Card in violation of this enrollment agreement or the Cardholder Agreement may result in the invalidation and forfeiture of the Payment Card. If the TPA determines that an expense charged on the Payment Card was not a qualified expense under the Plan or according to IRS rules, I shall immediately reimburse the Plan for the entire amount of the unqualified expense. If I fail to reimburse the Plan in a timely manner, I understand the amounts may be withheld post-tax from my wages or from an otherwise valid expense in order to reimburse the unqualified expense.
- If I use the City of Madison Transportation Office (located at the City of Madison Parking Utility, 215 Martin Luther King Jr. Blvd, Madison, WI 53703), I will only use the Payment Card for commuter expenses under Section 132 of the Internal Revenue Code. If requested, I will provide the TPA with appropriate documentation at the time and point of sale supporting that the auto-substantiated claims were for Section 132 eligible expenses and sufficient to permit auto substantiation of such expenses under all IRS requirements relating to real-time substantiation.