



# Flexible Spending Account Enrollment/Election Form

Return this form to your employer

Under what circumstances are you enrolling (choose one):

- It's Open Enrollment period and I'm choosing my benefits
- I'm a new employee enrolling outside the Open Enrollment period
- I'm an employee making a change because I have Change of Benefit eligibility

## Employee Information: Please Print

|                |            |                |               |
|----------------|------------|----------------|---------------|
| Last Name      | First Name | Middle Initial | Date of Birth |
| Street Address |            |                |               |
| City           | State      | Zip Code       |               |

Social Security Number/Employee ID \_\_\_\_\_

Company Name \_\_\_\_\_

## Health Care Flexible Spending Account Payroll Deductions

I elect to participate in the \_\_\_\_\_ health care and/or dependent care flexible spending account  
Company name  
 plan for the election year \_\_\_\_\_. I understand that these are two separate accounts and to participate I must  
Year

re-enroll each year. I may participate in one or both accounts. I would like the following amounts to be deducted from my annual salary/pay:

Health Care FSA: \$ \_\_\_\_\_ (maximum determined by employer)

Dependent Care FSA: \$ \_\_\_\_\_ (not to exceed \$5,000)

(The annual amount elected will be divided equally among the pay periods to determine your per paycheck deduction.)

I understand that these payroll deductions can only be used to reimburse eligible expenses and that expenses must be incurred during the period in which I am enrolled in the plan in order to be reimbursable. I understand that I will forfeit any remaining funds at the end of the plan year if I have not incurred and submitted reimbursable expenses during the eligible time period as outlined in the Summary Plan Description (SPD).

I further understand that these payroll deduction elections will remain in effect and cannot be revoked or changed during the plan year unless I have a qualifying change in status.

By signing this form, I authorize my employer to deduct the amount elected. I hereby consent that all personal information and the elections made are correct.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|