



EMPLOYEE SPENDING ACCOUNT ENROLLMENT/ELECTION FORM

EMPLOYEE INFORMATION: all fields required

Why are you enrolling today? (choose one)

- It's open enrollment period and I'm choosing my benefits.
I'm a new employee signing up outside the open enrollment period.
I'm an employee making a change because I have a qualifying change in status.

Last name: First name: M.I.:

Address:

City: State: Zip code:

Social Security Number/Employee ID: Date of birth:

Company name:

PAYROLL DEDUCTIONS:

I choose to participate in my company's spending account plan for 2019. I understand I must re-enroll each year. I elect the following amounts to be deducted from my annual salary/pay. This annual amount will be divided equally among pay periods to determine my per paycheck deduction. Each deduction will be put towards its own separate spending account.

Table with 3 columns: Account, IRS maximum, Total annual election. Rows include Health care flexible spending account (FSA), Dependent care reimbursement account (DCRA), Transit account, and Parking account.

EMPLOYEE SIGNATURE:

I understand that payroll deductions can only be used to reimburse eligible expenses and that expenses must happen when I'm enrolled in the plan. I understand that I'll forfeit any left-over funds at the end of the plan year if I haven't 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 can't 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:

Return this form to your employer