



FSA Enrollment Form

EMPLOYEE PROFILE

Employee Name: _____ Social Security #: _____
 Address: _____ Date of Birth: _____
 City: _____ Department: _____
 State: _____ Effective Date: _____
 Zip: _____ E-mail Address: _____

DEPENDENT CARD

I would like a dependent card Yes No My dependent has a card. I would like to link it to the new plan year account. Yes No

Dependent Name: _____ Address: _____
 Dependent DOB: _____ Social Security #: _____

ELECTION

I authorize my employer to reduce my salary by the amount(s) necessary to cover my participation in my company's Flexible Benefits Program as selected below. **(Choose one)**

Weekly: Bi-weekly: Monthly: Annual: Other: Please Explain: _____

Reimbursement Account for Non-Reimbursable Health Care Expenses FSA

This includes deductible, co-insurance, eye care, dental care, prescription drugs, routine care, well-baby care, etc. (Maximum Salary reduction contribution that can be allocated to the Health FSA is \$2,750) \$ _____

Reimbursement Account for Dependent Day Care DCA (up to 13 years of age)

(Maximum yearly amount is \$5,000 for married individuals filing jointly and single individuals or \$2,500 for married individuals filing separately.) \$ _____

Total \$

AUTHORIZATION

- My Employer's benefits have been explained to me and I understand that: I can NOT change or revoke my election UNLESS I have a change in family status (marriage, divorce, death or a spouse or child, birth or adoption of a child, or termination of a spouse's employment) and my employer allows such changes.
- The total amount deducted must be used during the Plan year or forfeited under IRS rules. Certain exceptions may apply.
- Participation in the Flexible Benefits Plan may mean that I will be paying less Social Security Tax, which could slightly reduce my Social Security benefits when I retire.
- By my signature below, I certify that this information is correct, complete and meets all requirements for eligible health care and dependent care expenses.

Employee Signature _____ Date _____
 Company Name _____ Group Number _____