

To enroll, complete the following information, sign the form, and return it to your Employer's Human Resource Representative. To avoid processing delays, please complete all fields on the application and print clearly-

Employer Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Employee Address/City/State/Zip code: \_\_\_\_\_

Employee Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

\*\*Employee Email: \_\_\_\_\_ Employee Phone Number: \_\_\_\_\_

\*\*Would you like to receive communication via email, including receipt request notices? (Please circle one): YES / NO

**EMPLOYEE'S FLEXIBLE SPENDING ACCOUNT ELECTION**

Enrollment Reason (please circle one): **New Hire / Open Enrollment / Other:** \_\_\_\_\_

FSA Election Effective Date: \_\_\_\_\_

Payroll Frequency (please circle one): **Weekly / Bi-Weekly / Semi-Monthly / Monthly / Other:** \_\_\_\_\_

I, the undersigned employee, apply to participate in the Healthcare FSA, Dependent Care FSA, Parking and/or Transit Reimbursement Plan and agree with the Plan Document that with respect to, and in consideration of services to be rendered by the employee hereafter, the employee's salary will be reduced by the amount designated by the employee, such amount to be deposited to the employee's Health (medical) or Dependent Care Reimbursement Account in the Plan in equal deposits and expended according to the rules apply thereto, for the purposes and in accordance with allocations below.

I hereby elect NOT to participate in the Flexible Spending Accounts

I hereby elect to participate in the following Flexible Spending Accounts:

**MEDICAL FSA** (out-of-pocket dental and vision expenses for you and your tax dependents)

**Minimum Election: \$0.00**

**Maximum Election: \$3,050**

\_\_\_\_\_  
Amount Per Pay Period

X

\_\_\_\_\_  
Number of Pay Periods

=

\_\_\_\_\_  
Annual Election

**DEPENDENT CARE FSA** (out-of-pocket day care expenses)

**Minimum Election: \$0.00**

**Maximum Election: \$5,000** (Single/Married Filing Jointly)/**\$2,500** (Married Filing Separately)

\_\_\_\_\_  
Amount Per Pay Period

X

\_\_\_\_\_  
Number of Pay Periods

=

\_\_\_\_\_  
Annual Election

**PARKING - Maximum Election: \$300.00 per month**

**TRANSIT - Maximum Election: \$300.00 per month**

\_\_\_\_\_  
Monthly Election

\_\_\_\_\_  
Monthly Election

I have been advised of the provision of the Plan and understand the legal plan documents are controlling. I further recognize that I must allocate my Salary Reduction Account dollars in advance and that any dollars not used by the end of the Plan Year may be forfeited. Federal law does not permit an employee to revoke a benefit election once made for the current plan year, except as detailed in the Flexible Benefit Plan Document, and in the Summary Plan Description of the plan, both available from the employer.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

