



Employer: _____
 Dept/Div Code _____

Flexible Spending Account Enrollment Form

Section 1 – Employee Information

Full Name _____ Social Security Number _____
 Address _____
 City _____ State _____ Zip _____
 Date of Birth _____ Home Phone _____ Daytime Phone _____
 Email Address _____
 Status: Single Family Gender: Male Female

Section 2 – Benefit Description

	<u>Per Pay Period Amount</u>	<u>Annual Deduction Amount</u>
Unreimbursed Medical Expense	_____	_____
Dependent Care Reimbursement Account	_____	_____

I wish to decline this benefit, and understand that I will not be able to change my election prior to next open enrollment period unless I have a qualified event.

Section 3 – Spouse & Dependent(s) Information: (Include only those dependents you will be including on your Federal Income Tax Return)

	Spouse & Dependent(s) Name	Social Security Number	Date of Birth	Relationship
1				
2				
3				
4				

Section 4 – Signature

I certify I will have the above total amount deducted from each of my paychecks. I understand this will lower my gross pay, and consequently, my tax base and my Social Security base. I also understand that I cannot make any changes during the plan unless I experience a change in family status. In addition, I certify that if I am issued a debit card with this benefit, I will only use it for eligible medical and/or dependent care expenses as defined by the IRS under Section 213 and/or section 21 for my spouse, dependents, and myself. I also certify any expense paid using such debit card has not been reimbursed by any other plan covering health benefits, nor will I seek reimbursement under any other plan or deduct such expenses on my income tax return. I understand this certification is reaffirmed each time the card is used and I agree to acquire and retain sufficient documentation for any expense paid with the card, and submit such documentation as substantiation when requested.

 Participant Signature _____
Date

Employer Use Only

Open enrollment New Hire
 Effective Date: ___/___/___ Date of Hire: ___/___/___ Dept. / Division: _____