

## FSA Enrollment Form

### Employee Information

Social Security Number:  Date of Birth:

Employer Name:  Dept/Location:

First Name:  Middle Initial:  Last Name:

Employee Home Address:

City:  State:  Zip:

Home Phone #:  E-Mail:

Help us go green! If provided, we will use your email as our primary method of contact.

Employment Date:  Plan Effective Date:   Male  Female

### Employer Information

*(Employer to complete the information below.)*

Date of 1st Payroll Deduction:   12 Month Plan Year

Employee Plan Effective Date:   Short Plan Year

### Employee Elections

*(Employee to complete the information below)*

A. Group Medical Premiums *(If you participate in your employer's insurance plan(s), your premiums will automatically be deducted on a pre-tax basis unless you notify your Human Resource or Personnel Department.)*

	Annual Election	# of Payroll Deductions	\$ Per Pay Check
B. Health FSA	<input type="text"/>	<b>9</b>	\$0.00
Employer Contribution	<input type="text"/>	<input type="text"/>	\$0.00
C. Dependent Care	<input type="text"/>	<input type="text"/>	\$0.00
Employer Contribution	<input type="text"/>	<input type="text"/>	\$0.00
D. Limited FSA	<input type="text"/>	<input type="text"/>	\$0.00
Employer Contribution	<input type="text"/>	<input type="text"/>	\$0.00
E. Administration Fee (if any)	<input type="text"/>	<input type="text"/>	\$0.00
<b>TOTALS</b>	<input type="text"/>		\$0.00

**No, I do not want to enroll.** If a change in status occurs, I may have the right to enroll in the plan at that time (if my employer's plan allows).

**Yes, I want to enroll.** The IRS regulations state four conditions: 1) Any expenses you incur must be within the plan year; 2) Any expenses you incur must not be covered by any other source, such as insurance; 3) You must provide proper documentation to receive payment; 4) You cannot change or revoke your elections during the plan year unless there is a specific change in status and your employer allows such changes. Please see the Summary Plan Description for details.

Signature:  Date: