

Flexible Spending Arrangement Enrollment Form

Employee Information:

Name: _____ Calendar Year: _____

Banner ID: (located on your College ID card below your name) _____

Account Information – Pay schedule:

Check one: Monthly Bi-weekly

	Expected Number of Paychecks	x	Reduction per Paycheck	=	Total Annual Dollar Amount
<input type="checkbox"/> Medical Expenses		x	\$	=	
<input type="checkbox"/> Dependent Care Expenses		x	\$	=	
<input type="checkbox"/> Limited Purpose		x	\$	=	
Total					
<div style="display: flex; justify-content: space-between; width: 100%;"> _____ _____ </div>					

Minimum contribution = \$10.00 per pay period
 Annual Maximum Medical = \$2,750.00
 Annual Maximum Dependent Care = \$5,000.00 per household

Dependent Information: Dependents covered under Qualified Medical/Dependent Care Flexible Spending Account:

Full Name	Social Security #	Date of Birth	Relationship

_____ (please initial if applicable) **Do not cover** the dependents named above in my medical expense spending account because they participate in an HSA and High Deductible health plan.

I hereby certify that the information I am providing in this Enrollment Form is true, correct and complete to the best of my knowledge and belief. I authorize payroll reductions in connection with my elections indicated above from my gross income on a before tax basis. By reducing my gross income, I understand that I may be reducing my future Social Security benefits.

I understand that the benefit options I have elected will remain in force throughout the plan year (January 1 through December 31), unless I have a change in employment or family status. I further understand that I must complete a new election form for each plan year in order to have amounts credited to my Flexible Spending Account(s).

I understand that any amounts remaining in my Dependent Care or Medical Flexible Spending Accounts at the end of the plan year, including the two-and-a-half month grace period, will be forfeited.

Signature

Date

For Human Resources Use:

Date Received	# of Pay Periods/Yr.	Notified Payroll