



## Spending Account Enrollment/Election form

Why are you enrolling today? (choose one)

- It's open enrollment period and I'm choosing my benefits.
- I'm a new employee signing up outside the open enrollment period.
- I'm an employee making a change because I have a qualifying change in status.

### Employee information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Social Security Number/Employee ID: \_\_\_\_\_ Company name: \_\_\_\_\_

### Payroll deductions

I choose to participate in my company's flexible spending account plan for 2017. I understand I must re-enroll each year.

I elect the following amounts to be deducted from my annual salary/pay. This annual amount will be divided equally among pay periods to determine my per paycheck deduction.

- Health care FSA:** \$\_\_\_\_\_ (\$2,600/year IRS maximum)
- Dependent care FSA:** \$\_\_\_\_\_ (\$5,000/year IRS maximum)
- Transit:** \$\_\_\_\_\_ (\$255/month IRS maximum)
- Parking:** \$\_\_\_\_\_ (\$255/month IRS maximum)

(Each deduction will be put towards its own separate spending account.)

I understand that payroll deductions can only be used to reimburse eligible expenses and that expenses must happen when I'm enrolled in the plan. I understand that I'll forfeit any left-over funds at the end of the plan year if I haven't incurred and submitted reimbursable expenses during the eligible time period as outlined in the Summary Plan Description (SPD).

I further understand that these payroll deduction elections will remain in effect and can't be revoked or changed during the plan year unless I have a qualifying change in status.

By signing this form, I authorize my employer to deduct the amount elected. I hereby consent that all personal information and the elections made are correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return this form to your employer**