

Health Benefits Election Form: Flexible Spending Accounts

Baldwin-Woodville Area School District is offering you a choice of health plans, including a Flexible Spending Account (FSA) as of July 1, 2020. Please make your selection below by checking the appropriate box matching plan and rate. If you do not wish to participate in any of the offered plans, please check the box marked "Waive" prior to signing and return the form to Human Resources.

Employee Name

Employee Social Security Number

Coverage Type and Premium Selection

I choose the following coverage type and premium deduction:

		Your Annual Election Amount
Dependent* Care (FSA)	<input type="checkbox"/>	
Health Care** (FSA)	<input type="checkbox"/>	

*(cannot exceed \$5,000 per household)

** (cannot exceed \$2,750 per household)

Please select your enrollment option below, then sign and date your form and submit it to your benefits services department:

I elect to participate in my employer's Flexible Spending Account Plan and agree to be bound by the terms of my employer's plan. I understand that the contribution(s) I have elected will be made with pretax salary reductions and that such reductions reduce my compensation for Social Security Benefit purposes. I understand that this agreement is only for eligible services and treatment provided during the Plan Year and that said services must be provided before the submission of claims for reimbursement. I also understand that I am making a binding election for the entire Plan Year unless I have a qualified change of status as defined by my employer's plan. Any salary deductions that have not been used for expenses incurred in the Current Plan Year noted above will be forfeited.

If the Plan Administrator determines that an expense, I submitted for reimbursement was not a qualified expense under the Plan Documents, I shall immediately reimburse the Plan for the entire amount of the unqualified expense. If I fail to timely reimburse the Plan, I understand that amounts may be withheld from wages or from otherwise valid expenses under the Plan in order to reimburse the unqualified expense.

Waive: I decline enrollment in my employer's Flexible Spending Account Plan.

I understand this election coverage is effective July 1, 2020 through June 30, 2021.

Employee Signature

Date

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Use this form together with a Special Enrollment Notice as required by HIPAA.

