Flexible Spending Account Enrollment Form

Company Name	Group Number	Location

Social Security Number ☐☐☐ - ☐☐ - ☐☐☐☐

First Name	MI	Last Name

Address

City	State	Zip Code
Gender	Marital Status	Date of Birth

Date of Qualifying Event/Effective Date: ___/___/______

HEALTHCARE FSA

Employees enrolled in the healthcare FSA will receive a debit card to be used for eligible expenses; receipts and/or documentation may be requested in order to substantiate claims. The City allows for up to $550 to rollover to the next plan year for Healthcare FSA only.

Annual Election $ _ , _ _ _ . _ _ (2022 maximum: $2,750)

DEPENDENT CARE REIMBURSEMENT ACCOUNT

Annual Election $ _ , _ _ _ . _ _ (2022 maximum: $5,000)

AUTHORIZATION: By Signing below you are acknowledging and agreeing to the following applicable statements.

- 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 pre-tax salary deductions and that such deductions 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 may 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.
- I understand that all eligible healthcare expenses will be paid with a debit card that is issued to me. Furthermore, I understand that I might be required to substantiate these expenses and should save all receipts and documentation of any paid expense.
- I understand that all eligible dependent care expenses will be paid through a direct deposit reimbursement system that I will need to enroll in through UMR.
- The annual election will be taken out of your remaining calendar year paychecks, pre-tax, through payroll deduction. This will be taken out evenly amount the remaining paychecks; deduction amounts cannot be negotiated or changed per paycheck.

Employee Signature	Date