Employer: _____

# Flexible Spending Account Enrollment Form

## Section 1 – Employee Information

Last Name _____ First Name _____ Social Security Number _____
Address _____
City _____ State _____ Zip _____
Date of Birth _____ Home Phone _____ Daytime Phone _____
Email Address _____
First Time Enrollment ☐ Re-Enrollment ☐ Address Change ☐ Gender: ☐ Male ☐ Female

## Section 2 – Benefit Description

| | Per Pay Period Amount | Annual Deduction Amount |
|---|---|---|
| Unreimbursed Medical Account | _____ | _____ |
| Dependent Care Reimbursement Account | _____ | _____ |

## Section 3 – Spouse & Dependent(s) Information: (Include only those dependents you will be including on your Federal Income Tax Return)

| | Spouse & Dependent(s) Name | Social Security Number | Date of Birth | Relationship |
|---|---|---|---|---|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |

## Section 4 – Signature

I certify I will have the above total amount deducted from each of my paychecks. I understand this will lower my gross pay, and consequently, my tax base and my Social Security base. I also understand that I cannot make any changes during the plan unless I experience a change in family status. In addition, I certify that if I am issued a debit card with this benefit, I will only use it for eligible medical and/or dependent care expenses as defined by the IRS under Section 213 and/or section 21 for my spouse, dependents, and myself. I also certify any expense paid using such debit card has not been reimbursed by any other plan covering health benefits, nor will I seek reimbursement under any other plan or deduct such expenses on my income tax return. I understand this certification is reaffirmed each time the card is used and I agree to acquire and retain sufficient documentation for any expense paid with the card, and submit such documentation as substantiation when requested.

_____ _____
Participant Signature Date

## Employer Use Only

Open enrollment ☐ New Hire ☐ Effective Date: ____ / ____ / _____ First Payroll Deduction Date: ____ / ____ / _____
Dept/Division: _____

Administrator Initials: _____ Date: _____

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