PAYPRO ADMINISTRATORS

Flex Spending Account Enrollment Form

Plan Year _____ Plan Entry/Start Date:_____

Employer Name _____ Locaton/Division/Branch _____

Employee Name _____ Social Security Number _____

Address _____ City _____ Stat _____ Zip _____

Email Address_____ ☐ Direct Deposit may be available, see employer for form.

Please check appropriate box and complete HCFSA &/or DCFSA election amounts, even if $0, then sign, date & return form to Employer.
Your cost of insurance premiums is calculated based on the benefits you've elected and withheld pre tax. There is no fee for this.
If you do not want to have your premiums withheld pre tax, you must notify payroll in writing prior to the plan start date*

☑ **Pre Tax Premiums Automatically**
(see employer for specifics)

☐ **I wish to Enroll in the Health and/or Dependent Care FSA Categories as listed below.**

Flexible Spending Accounts	Annual Election Amount
Health Care Flexible Spending Account (HCFSA) See Employer for Plan Year maximums	**$**_____
Dependent Care Flexible Spending Account (DCFSA) Plan/Calendar/Household max is $2500/$5000 (see Guide for important info)	**$**_____
Applicable Group Insurance Premiums are Deducted Pre Tax Your share of the premiums is calculated by the benefits you elect.	**Automatically Tax Free**

Please see your employer to determine what, if any, fee is applicable if you participate in an FSA

Election and Salary Reduction Agreement

I hereby authorize my employer to reduce my cash compensation as indicated above for the Plan Year following the date of this agreement. This total amount will be divided by the number of pay periods, and may be adjusted to meet the annual election amount if a pay cycle is missed. The funds can be accessed for reimbursement by submitting claims to the plan for eligible expenses. (I have elected to have my cost of premiums withheld tax free – however I understand those premiums are not reimbursable. The Payroll Department will calculate my contribution based on the benefits I have enrolled in).

I understand that this election form, for both the FSA categories as well as my eligible group insurance premiums, cannot be revoked or changed during the plan year, unless there is a qualifying change in status (e.g. marriage, divorce, death of a spouse/child, birth or adoption of a child, or termination of employment - see plan documents) which justifies the revocation or change.

I understand that if any unused contributions remain in the account at plan year end & subsequent grace period, the IRS "use it or lose it" rule applies and those funds will be forfeited. I understand that all expenses must be incurred during the plan year in order to be considered eligible (see plan documents to see if plan has optional extension). Incurred is the date the services were rendered, not the date the expense may have been paid or billed. I know that each year I have the option to change my elections during the Open Enrollment Period (OEP). If I do not submit changes, in writing, during the OEP, my elections *may* remain the same for the new plan year (see plan documents for your plan specifics). Eligible insurance premium changes each year are automatically withheld pre tax. I can opt out of having my eligible insurance premiums withheld pretax, if I submit such request to payroll prior to the beginning of the plan year or before first deductions are taken.

_____ _____
Participant's Signature Date

☐ *If you do not want your eligible insurance premiums withheld pre tax, initial box & return form to employer. The Premium Conversion Plan is administered by your employer and simply deducts your share of the premiums on a pre tax basis.

PAYPRO ADMINISTRATORS
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