

Flexible Spending Account (FSA) Enrollment Sheet

Instructions: Please complete all sections of this form to enroll in the Flexible Spending Account program. Print, sign, and submit the completed form to your Human Resources department.

1. Employee Information

Employer Name:	<input type="text"/>
Employee Full Name (Last, First, M.I.):	<input type="text"/>
Social Security Number / Employee ID:	<input type="text"/>
Street Address:	<input type="text"/>
City, State, Zip Code:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>
Date of Birth (MM/DD/YYYY):	<input type="text"/>
Date of Hire (MM/DD/YYYY):	<input type="text"/>

2. Benefit Elections

Enter your annual election amounts for the upcoming plan year. Your employer will divide these amounts by the number of pay periods to determine your per-pay-period pre-tax payroll deduction.

Account Type	Annual Election Amount (\$)	Number of Pay Periods	Deduction Per Pay Period (\$)
Health Care FSA (Medical, Dental, Vision expenses):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent Care FSA (Daycare, Preschool expenses):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Limited Purpose FSA (Dental/Vision only, for HSA holders):	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Direct Deposit Authorization (For Reimbursements)

If you would like your FSA reimbursements deposited directly into your bank account, please complete the information below.

Bank Name:	<input type="text"/>
Account Type (Checking or Savings):	<input type="text"/>
9-Digit Routing Number:	<input type="text"/>
Account Number:	<input type="text"/>

4. Authorization and Signature

I hereby authorize my employer to reduce my gross salary before taxes by the amounts indicated above for the specified plan year. I understand that the choice I make is irrevocable for this plan year unless I experience a qualifying life event. I agree to conform to the rules, regulations, and reporting requirements of the Flexible Spending Account program.

Employee Signature (Sign below): Date (MM/DD/YYYY):

<input type="text"/>	<input type="text"/>
----------------------	----------------------