



Quality, Compliance & Service

FLEXIBLE SPENDING ACCOUNT ENROLLMENT FORM
PAYROLL DEDUCTION AUTHORIZATION

Employer Name | Plan Number
Please check one: New Enrollment, Waiver of Election, Family Status Change, Cancel/Term Date, Effective Date

Employee Information

Full Name | ID #
Address | Date of Birth
City, State, Zip | Home Phone # (include area code)

Election Information

Health Care Account

I would like to enroll in the Health Care Spending Account
I do not wish to enroll in the Health Care Account
I wish to deposit the following amount on a pre-tax basis to the Health Care Spending Account

Table with 3 columns: Deduction per pay period, Number of Deductions, Annual Election

Dependent Care Account

I would like to enroll in the Dep Care Spending Account
I do not wish to enroll in the Dep Care Account
I wish to deposit the following amount on a pre-tax basis to the Dependent Care Spending Account

Table with 3 columns: Deduction per pay period, Number of Deductions, Annual Election

Waiver of Election

I do not wish to enroll in either the Health Care Spending Account or the Dependent Care Spending Account; however, I authorize my employer to withhold the required contributions for my Group Health Premiums.

Employee Signature:

Date:

I understand that my annual contributions can only be used to reimburse expenses under each account and that I will forfeit any funds remaining in my account at the end of the plan year/grace period.

Employee Signature:

Date: