# FSA ENROLLMENT FORM

*2022*

## EMPLOYEE INFORMATION

**Name:** ________________________________________ **Employer:** ____________________________________

*Last* *First* *Middle Initial*

**Last 4 of SSN:** ___________ **Email Address:**____________________________ *(to receive e-statements)*

## ENROLLMENT OR DECLINATION

☐ **Yes, I want to enroll in a flexible savings account (FSA).**

Enrolling in an *FSA may* have a *minor effect* on your *social security and/or retirement benefits.* Please seek professional advice from appropriate parties.

☐ **No, I do not want to enroll in an FSA.**

If a change of status occurs, you may have the right to elect (enroll in) an FSA at that time if your employer allows.

## REGULATIONS + PAYCHECK DEDUCTIONS

*NOTE: Only complete this section if you are enrolling in an FSA.*

### FSA REGULATIONS

Internal Revenue Service (IRS) regulations includes four (4) primary conditions for FSAs:

1. Qualified expenses must be incurred during the plan year.
2. Any expenses incurred that are covered under another health plan do not qualify for FSA distributions.
3. To receive reimbursement, you must provide proper documentation.
4. You can change or revoke your election only if specifically allowed by law and the plan.

### PAYCHECK DEDUCTIONS

I request the following amount(s) to be deducted pretax:

| | Plan Year Total | | # of Paychecks | | $ per Paycheck |
|---|---|---|---|---|---|
| **Medical Care Reimbursement:**<br>(Annual Maximum: $2,850.00) | ____________ | ÷ | ____________ | = | ____________ |
| **Dependent Care Reimbursement:**<br>(Annual Maximum: $5,000.00) | ____________ | ÷ | ____________ | = | ____________ |

## AGREEMENT AND SIGNATURE

The undersigned individual ("Undersigned") understands that they alone are fully responsible for the sufficiency, accuracy, and integrity of all information provided on this form. The Undersigned also understands that the email address provided here will only be used by Group Benefit Services, Inc. (GBS) to send plan-related communications (primarily digital FSA statements) and that GBS will not sell, redistribute, or otherwise provide this email address to any other party unless when required by law.

**Signature:**___________________________________ **Date:** __________