

Health Flexible Spending Account Enrollment

A Employee Information

Name _____ SSN _____

Address _____

City _____ State _____ Zip _____

B Type of Action

Enrollment Date _____

Annual enrollment period New employee enrollment Revised enrollment due to a qualifying change in status

(Type of Change) _____ on (mm/dd/yy) _____

Health Flexible Spending Account (FSA) Contribution:

I elect to have the following amount contributed to my Health Flexible Spending Account by reducing my salary by: \$ _____
per pay period (\$ _____ on an annual basis).

C Acknowledgment and Signature

I have read the description of the plan and understand that

- I am responsible for obtaining, reviewing, and understanding the Health FSA materials made available by my employer and for all decisions concerning participation in the Health FSA.
- I can elect to participate or not participate in the Health FSA.
- I am responsible for initiating any change in elections due to a qualifying change in status event, as described under the Health FSA, within 30 days of such a change.
- I am responsible for understanding the effects on my individual financial situation as a result of altering taxable income by converting salary to purchase benefits on a before-tax basis.
- I understand that my employer does not guarantee any particular tax consequences as a result of my participation in the Health FSA.
- I understand that the amounts I have authorized as contribution to my Health FSA will be deducted from salary otherwise payable to me.
- I understand that my election to make these contributions cannot be changed except during the annual enrollment period or within 30 days of a qualifying change in status event.
- I understand that all expenses eligible for reimbursement must be incurred during the plan year (and any grace period).
- I understand that any amounts that I contribute to my Health FSA but do not use will be forfeited and will not be returned to me.

Please return to Health FSA Plan Administrator: _____

Signature of Employee _____ Date _____