

Employer: _____



FLEXIBLE SPENDING ACCOUNT (FSA) ENROLLMENT FORM

Please complete and submit this worksheet to Servant HR. This is an internal document used by Servant HR for data collection purposes. Worksheets submitted to WEX will not be processed.

*Required Fields

Step 1: Participant Information

*Participant Name (First, Last)

*Social Security Number

*Birth Date (mm/dd/yyyy)

*Participant Mailing Address

*City

*State, Zip

Day Phone

Email Address (If provided, all notifications will be sent via email)

Step 2: Employee Premiums

If you have a payroll deduction for insurance premiums, eligible premiums will be deducted before taxes are calculated. You will automatically be enrolled in this portion of your Section 125 Plan. However, if you wish, you may opt out of the Employee Premium Conversion part of the Plan by contacting your HR Department and filling out the waiver form. *Please Note: Insurance premiums are not eligible for reimbursement with Medical or Limited Medical Spending Account.

Step 3: Enrollment and Election Information (If enrolled in an HSA, you are not eligible to enroll in the Medical FSA. However, you are eligible for both the Limited Medical FSA and Dependent Care FSA.)

Plan Type	Medical FSA	Dependent Care Account	Limited FSA
*Annual Election			
*Number of Pay Periods (If enrolling mid-year, enter the number of remaining pay periods within the plan year)			
*Per Pay Period Amount (To be deducted each pay period)			
*Date of First Payroll (mm/dd/yyyy)			
*Participant Effective Date (mm/dd/yyyy)			

No, I do not wish to participate in any Employer sponsored Flexible Spending Accounts.

Step 4: Authorization

I authorize my employer to reduce my pay on a per pay period basis as indicated above. I understand my reduction is for one flex plan year and that I cannot change or revoke my election unless I experience a qualifying event in accordance with Internal Revenue Code Section 125 and submit my request within a reasonable amount of time as deemed by the IRS and my employer. I am aware of the plan's forfeiture provision and that my Social Security and federal unemployment benefits may be reduced because of my reduced salary for tax purposes. Further, I authorize the release of any information necessary to substantiate claims submitted against my Flexible Spending Account.

*Participant Signature

*Date