



2019 Flexible Spending Account (FSA) Authorization

Company Name: _____

Effective Date: _____ **Pay Date First Deduction:** _____ **Remaining Payrolls:** _____

Name: _____ **Date of Birth:** _____
First Middle Initial Last

Address: _____
Street City State Zip Code

Home Email: _____ **Home/Cell Phone:** _____

Hire Date: _____ **Marital Status:** _____ **Social Security Number:** _____ **Male** **Female**

Dependents to be covered:

First and Last Name	Birth Date	Relationship to Employee

I have chosen to participate in the following programs, which are offered on a pre-tax basis.

- Medical Reimbursement Plan Bi Weekly \$ _____ / Per Plan Year \$ _____ (Limit \$2,650)
 - Dependent Care Reimbursement Plan Bi Weekly \$ _____ / Per Plan Year \$ _____ (Limit 5,000)
- The DCFSA maximum annual election is \$5,000.00 per household or \$2,500.00 if married, filing separately

Reimbursements: **check or** **direct deposit (must complete direct deposit form on reverse side)**

Annual Reduction: You are reducing your annual compensation to pay for eligible health costs that may not be covered by your benefit plan(s). In essence, you will be paying for these expenses on a pre-tax basis. This is a voluntary plan and the amount you designate as your Annual Salary Reduction should be conservative. Remember, if you do not utilize the funds during the Plan Year (and grace period, if any), you lose them.

Salary Reduction Agreement: I understand the Explanation of Benefits detailing my employer's Flexible Spending Account (FSA). With this Authorization, I am directing my employer to reduce my annual compensation by the Total Per Plan Year amount shown and reimburse me upon submitting eligible receipts. By reducing my annual compensation, I am essentially paying for uncovered benefits with pre-tax dollars. I understand that this annual reduction is irrevocable and cannot be changed unless a "Change in Life Status" is experienced. In addition, I further understand that you can participate in either or both of these accounts; however, the funds are separate and you cannot transfer from one account to another. As of January 1, 2011, some of the items previously allowed are ineligible for reimbursement through an FSA plan due to changes with Healthcare Reform.

 Employee Signature _____ / _____ / _____
 Date