INTERNAL FORM DO NOT FORWARD TO PAYFLEX

Health/Limited/Dependent Care Flexible Spending Account (FSA) New Hire Enrollment Form

EMPLOYER MUST FILL-IN	
New Hire	
Effective Date	
1st Deduction Date	

	Emplo	-						
Member #(This may be your SSN or employer ass	Your Nam	ne						
(This may be your SSN or employer ass	gned number)		(La	st)		(Fi	rst)	(
Address	Ci	ty			State	_ Zip		
☐ Check if this address is new within last year. 【	Date of Birth	/_	/_		Hire Date _		_/	_/
II. Election Information (Please chec Yes, I wish to participate in the Limited Purpos amount(s) indicated below, and continuing unti contributions are automatically reduced from my Yes, I wish to participate in the Heath Care a amount(s) indicated below, and continuing unti contributions are automatically reduced from my I have been offered the opportunity to enroll in benefit coverage contributions are automatically	this election is a compensation or nd/or Dependent this election is a compensation or the flexible spen	dent Care FS/ amended or te n a pre-tax bas t Care FSA p amended or te n a pre-tax bas ding account p	A plan and autriminated or use. It is, lan and authorminated or use. It is, land do not and	uthorize pa until the P orize payr until the P not wish to	ayroll reduction from lan Year ends. Er roll reduction from lan Year ends. Er	n my sa nployer my sala nployer	alary on a -sponsore ary on a p -sponsore	pre-tax basis ed benefit cov pre-tax basis ed benefit cov
BENEFIT CHOICES		PER PAY	PERIOD		NUMBER OF PAY PERIODS		PLAN AMOU	
lealth Care Flexible Spending Account								
lf you are enrolled in a Health Savings Account, youn a Health Care FSA.	<u>cannot</u> enroll	\$	=	X .		=	\$	
imited Purpose Flexible Spending According available if you are enrolled in a Health Saving ependent Day Care Flexible Spending If married, this amount is less than my spouse's ear Please refer to the IRS guidelines for further informations.	Account ned income.	\$ \$	•			=	\$ \$	
I understand that: If enrolled in an HSA, I may only participate in This election can only be changed or revoke participate. The new election must be consisted by my employer. This election will be automatically changed of sponsored benefit contributions increase or de The maximum exclusion under a Dependent of individuals filing separately will get a lower excessory amounts remaining in my reimbursement accessory and amounts remaining in my reimbursement accessory and the service of the servic	d during the Planent with my changer cancelled, if necrease. Care Reimbursemusion (\$2,500 per accounts at the erount cannot be treated on my or more services incurred the ment are subjected and I understand	n Year if I have ge in status, more cessary, to content Account for calendar year and of the Plantansferred and to not complete e amount of my spouse's incorough my perious to substantiation in the card is sent the card is sent the card is sent to substantiation.	omply with property of married incomply. IRS Form Year will be foused for experty an Enrollment of come tax returns of coverage on requirement aubject to inaction of the comply and retains of the complete the comp	d for withing covisions of dividuals find 2441 must be consested and during the consested and find all items and I with all items and items.	of the Internal Revision 30 days of the charles of the Internal Revision 30 days of the charles of the Internal Revision 30 days of	ange, a enue C s \$5,000 ersonal I forfei be cons agree nents. I h the p	ode or if O per cale income to t the opposidered fo to, provide agree to rovisions	ect to final appreced to final appreced to final appreceding for the first section of the fir