

# Enrollment Form

## Flexible Spending Account (FSA), Limited Purpose FSA (LPFSA), & Dependent Care Account (DCA)

### Section A: Personal Information

Employer Name

First Name

Last Name

SSN or Employee ID

Email

Phone

Street Address Line 1

Street Address Line 2

City, State, Zip

### Section B: Enrollment Information

Enrollment Type:

Open Enrollment Election

Enrollment Change

Termination

Benefit Type:

Flexible Spending Account (FSA)

Limited Purpose FSA (LPFSA)

Dependent Care Account (DCA)

Effective Date

Termination Date

First Payroll Date

### Section C: Election Information

I authorize my employer to deduct a pre-tax contribution from my compensation for the following benefits:

Benefit	Per Pay Period Amount	Number of Pay Periods	Annual Election Amount
Flexible Spending Account	\$ _____	<input checked="" type="checkbox"/> _____	= \$ _____
Limited Purpose FSA	\$ _____	<input checked="" type="checkbox"/> _____	= \$ _____
Dependent Care Account	\$ _____	<input checked="" type="checkbox"/> _____	= \$ _____

### Section D: Employee Authorization

I hereby authorize the appropriate payroll reductions as my contribution(s) to the Cafeteria Plan until changed by me in writing. I understand that I will not be able to change my election until next open enrollment unless I have an event that allows a change. I will only use the Account (including the use of a Debit Card) for eligible expenses under the plan, and understand I will be responsible to pay for any transactions not allowed by the plan. In addition, I authorize the release of medical and account information to my spouse (if applicable).

Employee Signature \_\_\_\_\_

Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_