

2012 ENROLLMENT AND CHANGE FORM: FLEXIBLE SPENDING ACCOUNT (FSA)

City of Springfield

January 1, 2012

Employer _____

Effective Date _____

Employee: Last Name _____ First Name _____ Middle Initial _____ Social Security Number _____

Employee: Mailing Address (Street) _____ (City) _____ (State) _____ (Zip) _____

Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____

Primary Beneficiary _____ Relationship _____

I authorize the following annual FSA election amount(s):

	Per Pay Period Amount (Annual amount divided by 26 pay periods)	Annual Amount
<i>EXAMPLE:</i>	<i>\$ 52.00</i>	<i>\$ 1352.00</i>
Un-reimbursed Health Expense (Out of pocket medically necessary expenses) Annual Maximum \$5,000	\$ _____	\$ _____
Dependent Care Expense (Child Care) Annual Maximum \$5,000	\$ _____	\$ _____
Other Health related Premiums (Not for City deducted premiums)	\$ _____	\$ _____
TOTAL AUTHORIZED ELECTION:	\$ _____	\$ _____

Flexible Spending Account

I hereby certify the above information to be correct and true to the best of my knowledge and that the children for whom I will be claiming dependent expenses or child care, either reside with me in a parent-child relationship or are legally dependent on me for their support. I understand that any amount remaining in my account(s) not used for eligible expenses incurred during the Plan Year will be forfeited in accordance with current plan provision and tax laws. I further understand that the Flexible Compensation reduction(s) will be in effect for the plan year and cannot be revoked unless I experience a qualified Change in Status, if my Plan allows. I also understand that the above reductions may correspondingly reduce my future Social Security Benefits.

Signature _____

Date _____

AUTHORIZATION