



Unreimbursed Medical / Dependent Care Flexible Spending Account Election Form

EMPLOYER NAME: _____

EMPLOYEE NAME (PRINT)

S.S. # |__|__|__|_|-|__|__|_|-|__|__|_|_|

HOME ADDRESS

DATE OF HIRE: _____

CITY STATE ZIP

DATE OF BIRTH: _____

WORK PHONE #: _____

HOME PHONE #: _____

Unreimbursed Medical

I elect to participate in the Unreimbursed Medical Spending Account. I direct and authorize my employer to reduce my annual salary for the current Plan Year by \$_____. I understand that my salary will be reduced in **equal amounts** from my regular paycheck.

I elect **not** to participate at this time.

Dependent Care

The total amount I can deposit into my Dependent Care Spending Account cannot exceed the lesser of \$5,000 (\$2,500 for a married person filing separately) or my spouse's earned income. If my spouse is a full-time student, or is physically or mentally incapable of self-care, my election cannot exceed \$2,400 for dependent care expenses applying to one dependent, or \$4,800 for dependent care expenses applying to two or more dependents. **If my spouse does not work and is not disabled or a full-time student, I cannot participate in the Dependent Care Spending Account.**

I elect to participate in the Dependent Care Spending Account. I direct and authorize my employer to reduce my annual salary for the current Plan Year by \$_____. I understand that my salary will be reduced in **equal amounts** from my regular paycheck.

I elect **not** to participate at this time.

I understand that:

This election form will remain in effect and cannot be revoked or changed during the Plan Year, unless the revocation and new election are on account of and consistent with a change in family status (e.g. legal separation, divorce, or marriage; birth or legal adoption of a child; death of a dependent; or change in work status for you or your spouse).

You can continue to file claims for expenses incurred during the Plan Year until the end of the run-off period (i.e. March 31st of the following year). Funds not used during the calendar year are forfeited. In effect, you must "use it or lose it".

YOUR SIGNATURE

DATE