



Flexible Spending Account (FSA) Enrollment/Change Form

1. Your Information

<input style="width: 95%;" type="text"/> Your Name (Last, First, Middle)	<input style="width: 95%;" type="text"/> Date of Birth	<input style="width: 95%;" type="text"/> SSN or Employee ID Number	
<input style="width: 95%;" type="text"/> Your Home Address (street and apt. number)	<input style="width: 95%;" type="text"/> City	<input style="width: 95%;" type="text"/> State	<input style="width: 95%;" type="text"/> Zip Code
<input style="width: 95%;" type="text"/> Home Phone	<input style="width: 95%;" type="text"/> Work Phone	<input style="width: 95%;" type="text"/> Email Address	

2. Reason for submitting form

– Check the appropriate box below and complete Sections 3 & 4.

- New Employee
 Open Enrollment
 Divorce
 Marriage
 Birth of Child
 Other (please specify): _____ Date Occurred: _____

3. Indicate Your Election(s)

I am electing to participate for Plan Year: _____ (indicate calendar year)

	Contribution Per Pay Period	Number of Pay Periods Remaining in the Plan Year (see reverse side)	Annual Election Amount <small>Note: For mid-year changes, indicate new annual election amount</small>
Health Care Spending Account Election	\$ <input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	X <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	=\$ <input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Cannot exceed \$2,500 per year
Dependent Care (Day Care) Spending Account Election	\$ <input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <small>Note: dependents must be under 13, unless disabled and incapable of self support.</small>	X <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	=\$ <input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Cannot exceed \$5,000 per household

4. Authorization

I elect to participate in the FCPS Flexible Spending Account plan and agree to be bound by the terms and conditions of the plan. I understand the contribution(s) I have elected will be made with pre-tax salary reductions and that such reductions reduce my compensation for Social Security benefit purposes. I understand that this agreement is only for eligible services provided during the plan year and that said services must be provided before submission of claims for reimbursement. I also understand that I am making a binding election for the entire Plan Year unless I have a qualified change of status as defined by IRS regulations. Any salary deductions that have not been used for expenses incurred in the Current plan Year noted above will be forfeited. I have until March 31 following the end of the plan year to submit claims.

Employee Signature: _____ **Date:** _____

Effective Date of Coverage

- If you are a new employee and want to participate in the FSA program, you must enroll within 30 days of your hire date.
- If you are enrolling mid-year, your participation in the FSA program becomes effective on the first day of the month following the date your form is received by the Office of Benefit Services.
- If you enroll during open enrollment, your participation in the FSA program becomes effective on January 1.
- Your participation in the FSA program ends December 31 of the calendar year in which you enroll, unless you terminate employment mid-year.
- For **monthly-paid** employees, deductions are taken 10 months of the year (January – June, and September – December). For **bi-weekly-paid** employees, deductions are taken 9 months of the year (January – June, and October – December). No deductions are taken in July and August and September (bi-weekly).

How to Calculate the Number of Remaining Pay Periods for Your Flex Election

New Hires/Qualifying Event Changes - If your form is <u>received</u> by the Office of Benefit Services by this date:	And You Are Paid Monthly - The number of remaining pay periods for the Plan Year are:	And You Are Paid Bi-Weekly - The number of remaining pay periods for the Plan Year are
December 31	10	20
January 31	9	18
February 28	8	16
March 31	7	14
April 30	6	12
May 31	5	10
June 30	4	7
July 31	4	7
August 31	4	7
September 30	3	7
October 31	2	5
November 30	1	2

Use or Lose Provisions

Both accounts are subject to forfeiture rules as defined by the Internal Revenue Service. If you do not use the money in your health care account or dependent care account within the plan year (January 1–December 31), you will lose that money. Expenses must be incurred during the period in which you are enrolled. You have until March 31 to submit claims for the past calendar year. If you terminate employment during the month of June, claims must be incurred by August 31st to be eligible for reimbursement. If you terminate at other times of the year, claims must be incurred by the end of the month in which you terminate employment.

Where to Get More Information

More information about Flexible Spending Account Program can be found at www.fcps.edu, search Flexible Spending Accounts.

How to Submit Your Form

Scan and e-mail form to:	HRBenefitsEnrollment@fcps.edu
Or fax to:	Benefits Processing at 571-423-5000
Or mail completed form to:	Department of Human Resources Office of Benefit Services, Suite 2700 8115 Gatehouse Road Falls Church, VA 22042

If you fax your form, remember to keep a copy for your records as well as a copy of your fax machine's transmission report as documentation that we received the form by the deadline. Forms that are received after applicable deadlines cannot be accepted. You are encouraged to log onto UConnect three business days after successfully sending your completed paperwork to the Office of Benefit Services to verify your request was processed.

Questions? Contact the HR Client Service Center at 571-423-3000 or 1-800-831-4331 or email your questions to hrquestions@fcps.edu