

Flexible Spending Account (FSA) Enrollment Form

I. Account Holder Profile Information

First Name:		Last Name:			SSN:			
Date of Birth:		Email Address:						
Mailing Address Line 1:								
Mailing Address Line 2:								
City:	State:		Zip:		Zip:			
Home Phone:			Cell Phone:					
Marital Status: 🗆 Married 🛛 Single			Employer:					
II. Election								
I authorize my employer to make the following pre-tax deductions from my paycheck according to the elections I have chosen below. These elections cannot be changed until the beginning of the next plan year or if I have a qualifying event such as marriage, divorce, death, or birth. I will only submit claims for reimbursement or through my VISA that are eligible. If I am reimbursed for a claim that wasn't eligible, I will be responsible for paying the ineligible amount back into the plan through sending payment or having it deducted from my paycheck.								
Effective Date:			1 st Payroll Deduction Date:					
Number of Payrolls this plan year: 🛛 52 🗆 26 🗆 24 🗆 12 🖾 Other #								
Healthcare Standard FSA	Employee Anr	nual Election: \$_		Per Pay P	eriod Election: \$			
Healthcare Limited FSA (Only If enrolled in a HSA)	Employee Anr	nual Election: \$_		Per Pay P	eriod Election: \$			
Dependent Care Account	Employee Anr	nual Election: \$		Per Pay P	eriod Election: \$			
III. Direct Deposit	Setup		JON SMITH	1200				

Bank Name:] Checking 🗆 Savings	JON SMITH 1234 8th ST. S. FARGO, ND 58102		1200
Account Number:			PAY TO THE ORDER OF	\$	
Routing Number:					DOLLARS
Address:			мемо		
City:	State:	Zip:	"C12345678" "68590134" 120	0	
			Routing Number Account Number		

IV. Debit Card

A Debit Card will automatically be issued in the account holders name and shipped to the address above. Once the enrollment is							
processed it should arrive within 10-14 days.							
Note: To issue separate debit cards to any dependents 18 years of age or older, please complete the following section.							
Name:	DOB:	SSN:	Relationship:				
Name:	DOB:	SSN:	Relationship:				
V. Authorization							
Signature	Date	Employer Authorization:					

**Please be sure to return this form to your employer for approval. **