

Flexible Spending Account (FSA) Enrollment Form

Please complete all fields below to enroll in the Flexible Spending Account (FSA) plan.

1. Employee Information

Full Name

Employee ID

Email Address

Phone Number

Home Address

2. Plan Selection

FSA Plan Type

3. Contribution Election

Annual Contribution Amount (\$)

Note: Please refer to the IRS annual FSA contribution limits for the current year.

4. Dependent Information (if enrolling in Dependent Care FSA)

List Dependents (Name, Relationship, Date of Birth)

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5. Authorization & Signature



I authorize payroll deductions as indicated above and certify the information provided is correct.

Signature

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Date

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