



Flexible Spending Account Enrollment

Employee Information

Name:	SSN:	DOB:	Gender:
Email:		Phone:	
Address:		ZIP:	
City:	State:	Date of Hire:	Hrs Worked:

Your Election:

- I want to enroll in FSA benefits
 I want to **decline** in FSA benefits

Flexible Benefit Plan Pre-Tax Elections:

Health Care Reimbursement Account: Eligible health expenses include professional medical expenses incurred by my dependents or myself during the Plan Year for the diagnosis, cure mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body.

Maximum Election Allowed: \$3,300 | Minimum Election Allowed: \$184

Per Pay Period Contribution		
	multiplied by	
Number of Pay Periods		
	equals	
Total Election		

Dependent Care Assistance Account:

Eligible dependent daycare expenses are incurred to allow you and your spouse (if applicable) to be gainfully employed. Please remember that the IRS will require you to disclose the Tax ID or Social Security Number of your daycare provider(s) when you file your income taxes.

Maximum Election Allowed: \$5,000 | Minimum Election Allowed: \$184

Per Pay Period Contribution		
	multiplied by	
Number of Pay Periods		
	equals	
Total Election		

Employee Acknowledgement and Signature:

I authorize Madison County Commission to make the above pretax deductions on bi-weekly basis to fund my Flexible Spending Account(s) for health care expenses and/or dependent care expenses. I certify that the Flexible Spending Account debit card will only be used for eligible medical care expenses for myself and my eligible dependents.

Employee Signature		Date:
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