

City Of Burlington Flex Enrollment Form

For the Plan Year: January 1, 2018 to December 31, 2018

Name: _____ Social Security Number: _____

Street Address: _____

City, State and Zip: _____

I authorize my employer to make the following salary reductions:

Health Care Flexible Spending Account (FSA)

(DO NOT ELECT IF YOU PARTICIPATE IN A QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN & HSA)

I elect to have \$ _____ annually (\$ _____ per pay-period) reduced from my salary before taxes to reimburse me for eligible health care expenses that I incur during the plan year specified above. If you are eligible for this plan, the maximum reimbursement is \$2550 per year.

Dependent Care FSA

I elect to have \$ _____ annually (\$ _____ per pay-period) reduced from my salary before taxes to reimburse me for eligible daycare expenses that I incur during the plan year specified above. Reimbursement from this and other dependent care plans for which I may be eligible is limited to \$5,000 per year (or \$2,500 per year if I am married filing separately). Reimbursement is further limited to my earned income, or my spouse's earned income whichever is less.

I understand that:

- I cannot change this election during the plan year unless I have a qualifying election change event.
- Any amounts remaining in my spending accounts at the end of the year will be forfeited.
- My Social Security benefits may be reduced by this election.
- This election replaces any previous elections and will terminate on the earlier of: (1) the end of the plan year, (2) when I am no longer a qualified employee eligible to participate in the plan, (3) Plan termination.
- My employer may reduce or cancel this election if necessary to comply with provisions of the Internal Revenue Code.
- If I am enrolling in the Traditional Health Care FSA, I am not eligible and therefore can't participate in an HSA, either individually or through my or my spouse's employer.

Signature _____

Date _____

Return to Human Resources

Employer Use Only

Accepted by: _____

Effective Date: _____

Effective Date Information: For employees enrolling during open enrollment FSA Health and Dependent Care accounts will be effective on January 1st of 2018

. For employees enrolling at the time of hire the effective date will be the same as the employee's date of hire.

