

**FLEXIBLE SPENDING ACCOUNT ENROLLMENT FORM**

**Employee Information – to be completed by the Employee/Participant**

_____	_____	_____
Last Name	First Name	Date of Birth
_____	_____	_____
E-mail Address*	Social Security #	Phone
_____		
Address		
_____		
City	State	Zip Code
*By providing your e-mail address, you agree to receive certain FSA account communications from TPA eXchange via e-mail.		

**Employee Elections**

	Per Pay Period Election	Annual Election
Healthcare/Medical Reimbursement Account	_____	_____
Dependent Care Reimbursement Account	_____	_____
Mass Transit Reimbursement Account	_____	_____
Parking Expense Reimbursement Account	_____	_____
TOTAL	_____	_____

**Employee Signature/Approval**

I hereby authorize payroll deductions in the connection with my elections listed above. I understand that the benefit options I have elected will remain in force throughout the plan year unless I have a change in family status.

_____	_____
Signature	Date

**Debit Card Information (if made available by the Employer)**

Debit card requested? \_\_\_\_\_ YES \_\_\_\_\_ NO

Dependent debit card(s) requested? Dependents over age 19 only. \_\_\_\_\_ YES \_\_\_\_\_ NO

Dependent Name	Relationship	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____

**Employer Information – to be completed by the Employer**

_____	_____	_____
Effective Date of Election	First Payroll Date	Date of Hire