



BIRMINGHAM PUBLIC SCHOOLS FLEXIBLE SPENDING ACCOUNT ENROLLMENT FORM

EMPLOYEE INFORMATION: (Please print clearly)

Name (Last, First, MI)

Employee SSN or Employer ID:

BENEFIT OPTIONS

BENEFIT ELECTION

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

Enrollment Period of 7/1/2013-12/31/2013

Minimum Plan Year Amount: \$5.00

Maximum Plan Year Amount: \$2,500

I elect to participate.

I elect NOT to participate.

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Annual Election

Important Note: if you are electing to increase your current account, please enter your NEW annual election in the space provided.

One of the following selections is required when enrolling

Use this **Checking Account** for my direct deposit:

ATTACH VOIDED CHECK HERE
(DEPOSIT SLIPS ARE NOT ACCEPTABLE)

Use this **Savings Account** for my direct deposit:

Savings Information: Bank Name _____

Routing Number (9 digits):

Account Number:

Important:

- Incomplete or unsigned authorization forms cannot be processed.
- Allow 10 days for verification and implementation. Reimbursement requests processed during this period will be reimbursed by check.
- Reimbursements will appear in your bank account 1-2 days after the reimbursement date. You will receive an Explanation of Benefits with a non-negotiable check.
- Notify Group Associates immediately of any changes or closing of this bank account.

For assistance contact the FSA Service Center at: **1-866-593-6056**

EMPLOYEE AUTHORIZATION:

The Health Care/Dependent Care Flexible Spending Account Election is the amount by which I wish to have my wages reduced in order to purchase Health Care/Dependent Care reimbursement benefits under the flexible benefit plan. I acknowledge that this amount is due on the first day for the Plan Year or, if later, the first day that I become a Participant in the Plan. I understand, however, that for my convenience this amount will be deducted from my wages in approximately equal amounts from each designated payroll period. I authorize the adjustment of my annual taxable salary based on my elections above, with the "tax protected" funds being transferred into the Flexible Spending Account.

I have received and read the enrollment materials. I understand that, by signing and submitting this form, I am making a binding benefit election under the flexible benefit plan for this plan year. I realize this election cannot be changed during the plan year unless I experience a qualified change in status. I also understand that any amount remaining in my account not used for eligible expense incurred during the plan year will be forfeited in accordance with current tax law requirements.

Employee Signature

Date