



**County of Henrico General Government
Flexible Spending Account (FSA) Employee Enrollment Form**

Please complete each line on the enrollment form even **if you are not enrolling in this benefit.**
Return the completed and signed form to your employer for processing.

PARTICIPANT INFORMATION – Please write legibly to ensure proper enrollment.

All fields are required for account setup. Information is confidential and is not used for marketing purposes.

Last Name, First Name		SSN / Employee ID #
Home Address (Street, City, State, Zip Code)		Email Address
Date of Birth (MM/DD/YYYY)	Phone Number	Effective Date

ANNUAL ELECTIONS

Section 125 Benefit	Yes/No	Annual Election	# of Paychecks	Paycheck Deduction
Health Care FSA Maximum of \$2,750.00 per plan year	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> 24 ____ Other	\$ _____
Day Care FSA Maximum of \$5,000.00 per plan year (or \$2,500 if you're married and filing taxes separately)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> 24 ____ Other	\$ _____

AUTHORIZATION

I certify the above information to be true to the best of my knowledge and that the children for whom I will be claiming dependent or child care expenses either reside with me in a parent-child relationship or are legally dependent on me for their support. I agree to have my compensation reduced by the deduction amount(s) stated above. I understand amounts remaining in my flexible spending account(s) not used for qualified expenses incurred during the plan year will be forfeited in accordance with current plan provisions and tax laws. I further understand that the FSA deduction(s) will be in effect for the entire plan year and cannot be changed or revoked except as permitted by federal law. I understand that my share of eligible group premium(s) will be automatically deducted before taxes. I also understand that if I do not wish to have my eligible insurance contributions deducted pretax and prefer to be taxed on these dollars, I will contact my payroll department. I understand additional TASC Cards issued to my spouse or dependent will provide the named individual with access to my flexible spending account(s) and MyCash account. I accept all responsibility for card transactions incurred by the named individual and will submit supporting documentation, as requested, for those transactions. I agree that upon inappropriate or fraudulent use of the TASC Card or termination of employment, I will immediately return all TASC Cards to my Employer.

<input type="checkbox"/> YES , the above benefits have been explained to me and I elect to participate as indicated	
<input type="checkbox"/> NO , the above benefits have been explained to me and I decline participation	
Employee Signature X	Date

COMPLETED ENROLLMENT FORMS MUST BE RETURNED TO:

County of Henrico General Government
Department of Human Resources, Benefits Division
HR-Benefits@henrico.us
804-501-7371 p. 804-501-4426 f.

Please see the reverse side for important information regarding the above benefits

ADDITIONAL INFORMATION

Health Care Flexible Spending Arrangement (“Health Care FSA”)

- Reimbursement will only be available for qualifying medical care expenses as set forth in the Plan Document and Section 213 of the Internal Revenue Code. It is your responsibility to check the eligibility of an expense prior to enrollment.
- Group Medical Plan Premiums cannot be reimbursed through the Health Care FSA and will be deducted pre-tax through the Premium Conversion Plan. Therefore, do not include the cost of premiums in your FSA annual election amount.

Day Care Flexible Spending Account (“Day Care FSA”)

- Reimbursement will be available only for qualifying day care expenses as described in the Internal Revenue Code Section 129, the Plan document and the Summary Plan Description.
- Participation in a Day Care FSA will require you to complete tax form 2441 when filing federal taxes. If you or your spouse is a full-time student, please consult IRS Publication 503.
- If the Plan Year is less than twelve (12) months, the plan limit may be prorated to be less than the \$5,000 calendar year limit mandated by the IRS.

Use-It or Lose-It

- You must claim all elected funds by the end of the run-out period. After the run-out period is complete, unused Day Care FSA balances will be forfeited; this is referred to as the Use-it or Lose-it rule.
- Unused Health Care FSA balances up to \$550 will be rolled over to the subsequent plan year. Any Health Care FSA funds more than \$550 will be forfeited.

Claim Runout Period

- The claim runout period allows you to submit claims after the end of the plan year. Claims received after this period will be denied.

Deductions

- FSA deductions will be deducted from your paycheck evenly throughout the plan year. You must indicate an annual election and a per paycheck deduction on your enrollment form. If you enroll in the plan after Open Enrollment then please divide your annual election by the remaining deductions in the plan year.

Change in Status

- All elections set forth are considered irrevocable for the entire plan year unless there is a qualifying change in status. Please consult the plan document for a list of qualifying events.
- In the event of a change in status the change in election must be necessitated by and consistent with the change in status and the change must be acceptable under IRS Regulations.

Eligibility

- Full-time and part-time employees working 20 hours per week are eligible to participate in the Plan
- Expenses must be incurred during the plan year and while you are an active participant in the plan. Any expense incurred prior to your effective date or after your termination date cannot be reimbursed.

Electronic Disclosure Notice

- By providing your email address you consent to receive email communications from the carrier, agents, and subcontractors regarding the Plan.
- If you no longer wish to receive information electronically, you may withdraw consent at any time at no cost. To withdraw consent, please contact the carrier directly.
- You have a right to receive a paper version of an electronically furnished document at no cost.
- To access documents, you must have Adobe Reader. A link to download this software will be provided with all electronic documents provided.