



2021 FLEXIBLE SPENDING ACCOUNT (FSA) ENROLLMENT FORM

To enroll, complete the following information, sign the form, and return it to Benefits: benefits@samford.edu.
To avoid processing delays, please complete all fields on the application and print clearly-

Employee Name: _____ Date of Hire: _____
Employee Number: _____ SSN: _____
Employee Address/City/State/Zip Code: _____
Employee Date of Birth: _____ Gender: _____ Marital Status: _____
Employee Email: _____ Employee Phone Number: _____

EMPLOYEE'S FLEXIBLE SPENDING ACCOUNT ELECTION

Enrollment Reason (please circle one): **New Hire** / **Qualifying Life-Event: (type)** _____

FSA Election Effective Date: _____

Payroll Frequency (please circle one): **Bi-Weekly** / **Monthly**

I, the undersigned employee, apply to participate in the Healthcare and/or Dependent Care FSA Reimbursement Plan and agree with the Plan Document that with respect to, and in consideration of services to be rendered by the employee hereafter, the employee's salary will be reduced by the amount designated by the employee, such amount to be deposited to the employee's Health (medical) or Dependent Care Reimbursement Account in the Plan in equal deposits and expended according to the rules apply thereto, for the purposes and in accordance with allocations below.

I hereby elect NOT to participate in the Flexible Spending Accounts

I hereby elect to participate in the following Flexible Spending Accounts:

HEALTHCARE FSA (out-of-pocket medical, dental, vision, eligible over-the-counter expenses for you and your tax dependents)

Minimum Election: \$0.00

Maximum Election: \$2,750

Amount Per Pay Period X Number of Pay Periods = Annual Election

DEPENDENT CARE FSA (out-of-pocket day care expenses)

Minimum Election: \$0.00

Maximum Election: \$5,000 (Single/Married Filing Jointly)/**\$2,500** (Married Filing Separately)

Amount Per Pay Period X Number of Pay Periods = Annual Election

I have been advised of the provision of the Plan and understand the legal plan documents are controlling. I further recognize that I must allocate my Salary Reduction Account dollars in advance and that any dollars not used by the end of the Plan Year may be forfeited. Federal law does not permit an employee to revoke a benefit election once made for the current plan year, except as detailed in the Flexible Benefit Plan Document, and in the Summary Plan Description of the plan, both available from the employer.

Employee Signature

Date

TO BE COMPLETED BY HUMAN RESOURCES

SUId: _____ EClass: _____ FSA Effective Date: _____

FSA Payroll Contribution Start Date: _____ Date Sent to Health Equity: _____

Processed by: _____ Date: _____ Verified: _____ Date: _____