

**FSA ENROLLMENT FORM
AND SALARY REDIRECTION AGREEMENT**



If you would like to enroll in the flexible spending account (FSA) plan, please complete the following form and return it to a Human Resources contact in your organization.

- Annual Open Enrollment
 Mid-Year Enrollment-New Hire
 Change of Status (choose reason below)
 Birth/Adoption
 Marriage
 Divorce
 Leave of Absence
 Death of Participant
 Death of Spouse/Dependent
 Job Change
 Spouse Job Change
 Return from Leave of Absence

Employer Name: _____ Work Location: _____

Name: _____ Gender: M / F SSN#: _____

Address: _____ Date of Hire: _____

City: _____ State: _____ Zip Code: _____ Date of Birth: _____

Email Address: _____ Phone #: _____ W / H

List tax dependents eligible for benefits:

Name (First, Last)	Full Time Student?	Gender	Date of Birth	Relationship
Spouse				
Dependent				
Dependent				
Dependent				

Choose your Election Amount:

Please withhold the annual election amount below as pre-tax deductions from my paycheck during the designated plan year for deposit to the designated flexible spending account.

Plan Year: _____ Effective Date on Plan: _____

Initials	Benefit	Total Annual Election
_____	Medical Flexible Spending Account	\$ _____ /annually
_____	Dependent Care Flexible Spending Account	\$ _____ /annually

This Agreement intends to conform with Sec(s). 79, 105, 106, 125, 129 of the I.R.S. Code providing employee benefits. As provided for in said Sections, Employer has created a Cafeteria Plan to provide Employee with benefits. Employer and Employee mutually agree as follows:

- I. Employee's per pay cash compensation shall be redirected by the amounts listed below effective the first pay period beginning on or after Employee becomes eligible for benefits and shall continue until this Agreement is amended or canceled. Employee's elections and participation shall be governed by the terms of the Dependent Care Reimbursement and Health Care Reimbursement Plans as amended from time to time.
- II. Redirected salary must reimburse expenses incurred during Plan Year and may not be carried into future years. Any amount not reimbursed for the current Plan Year will be returned to the Employer's general fund. If employment is terminated, this Agreement terminates; however, Employee retains the right to benefits in accordance with the Plan Document.
- III. By offering this Plan, the Employer has provided no tax advice regarding participation in this Plan, therefore, the Employee waives any claims against the Employer and holds the Employer harmless for any taxes or assessments that may be imposed by the Internal Revenue due to future interpretations or changes in the laws governing these Plans.

Accepted by Employee

Signature

Date

QUESTIONS? Contact Genesis Employee Benefits:

Toll-Free: **866-678-8322**

For Employer Use Only

First payroll reduction date: _____

Payroll Frequency: _____

Payroll deduction amount: \$ _____

CustomerCare@GenesisBenefits.net