

90 Degree Benefits

A Turn For The Better

FLEXIBLE SPENDING ACCOUNT (FSA) ENROLLMENT FORM

Madison Public Schools		To be completed by Employer	
		<input type="checkbox"/> 12 Month Plan Year <input type="checkbox"/> Short Plan Year	Employee Effective Date for Plan: _____ Date of first Payroll Deduction: _____ For 25% Concentration Test - Is this employee considered a: Key Employee <input type="checkbox"/> Yes <input type="checkbox"/> No Highly Compensated <input type="checkbox"/> Yes <input type="checkbox"/> No
Employee Name – First, Middle Initial, Last		Social Security Number:	
Employee's Address: Street, City, State, Zip		Home Phone:	Cell Phone:
(Required) Employee E-mail Address for Plan notices and communications:			
You may access your FSA Account online at: https://stirlingbenefits.wealthcareportal.com or download our Mobile app!			
Birth Date: Month Day Year	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	<input type="checkbox"/> Single <input type="checkbox"/> Married Marital Status	
Complete for additional debit card(s):			
Spouse/Dependent (18-26 years of age) Name Social Security Number Date of Birth			

Spouse and dependent debit cards will automatically have access to FSA Funds. Please Note: If you previously requested additional debit cards for your spouse or dependents, their debit card will automatically have access to new Plan Year elected funds. Please call our office to communicate changes.			

Employer Plan Effective Date: **September 1, 2022**

Eligible Expenses incurred: **September 1, 2022 – August 31, 2023** must be submitted to the 90 Degree Benefits office no later than: **November 30, 2023**

**** Up to \$570 unused dollars will transfer to the next plan year!**

Health Care Account (FSA): (Minimum \$100 / Maximum - \$2,850)

If you, your spouse, or your employer on your behalf contribute to an HSA account, you may not participate in the Health Care FSA program.

Annual Election	# of Pays	FSA Deduction Per Pay
_____ ÷	<input type="checkbox"/> 20 Teacher	= _____
	<input type="checkbox"/> 20 MAESS	

Eligible Expenses incurred DCA Only: **September 1, 2022 – November 15, 2023** must be submitted to the 90 Degree Benefits office no later than: **November 30, 2023**

Dependent Care Account (DCA): (Minimum \$100 / Maximum - \$5,000)

**** DCA is NOT eligible for Carryover funds!**

_____ ÷	<input type="checkbox"/> 20 Teacher	= _____
	<input type="checkbox"/> 20 MAESS	

YES, I want to enroll. The IRS regulation states these conditions: **1.)** Any expenses you incur must be within the plan year. **2.)** Any expenses you incur must not be covered by any other source such as insurance. **3.)** You must provide proper documentation in order to receive payment. **4.)** You cannot change or revoke your elections during the plan year unless there is a specific change of status and your employer allows such changes. **NOTE:** Enrolling may have a minor effect on your social security benefits. Please seek appropriate advice. **Signature: x** _____ **Date:** _____

No, I don't want to enroll. If a change of status occurs, I may have the right to sign on the plan at that time if my employer's plan allows. **Signature: x** _____ **Date:** _____

Accepted and agreed to by the Company's Authorized Representative

By _____ Date _____