



2025 Flexible Spending Account Enrollment Form

This Flexible Spending Account (FSA) Enrollment Form initiates your participation in the FSA program. **Please indicate your election by writing in the annual contribution amount you wish for each account and returning this Open Enrollment Form by 4:00 pm on November 1, 2024 to:**

To be completed by Benefits Dept.

Open Enrollment

New Hire

Class _____

Division _____

24 Payrolls

19 Payrolls

- South St Paul Schools Human Resources Department
- You can drop off or interschool mail to HR

Employee name (Last, First, MI) _____

Address _____

City _____ State _____ Zip Code _____ Social Security Number _____

Phone number _____ Email _____ Date of birth _____ Gender _____

FLEXIBLE SPENDING ACCOUNT (FSA)

This election is for the calendar year 2025. Please indicate the **Annual** contribution amount(s) below.

- Flexible Spending Account*** \$ _____ annual contribution to a maximum of **\$3,200** per calendar year.
(For out-of-pocket health, vision and dental expenses for you, your spouse, and your dependent children. **Not allowed if contributing into an HSA**)
- Dependent Daycare Account** \$ _____ annual contribution to a maximum of \$5,000 per calendar year, OR \$2,500 if married filing separately.
(For expenses related to childcare of a dependent child or eldercare for elders living in your home which enables you to work).

Name an **adult** to be responsible for your FSA account in the event of your death or incapacitation:

Name _____ Relationship _____

***NOTE: Health insurance premiums are taken as a pre-tax payroll deduction and do not qualify as a reimbursable expense.**

AUTHORIZATION AND RELEASE

My signature below indicates that I have read and understand this election form and the descriptive material provided. This election is binding on me and cannot be revoked or modified except under limited circumstances as established by MEDSURETY, LLC and the IRS.

I authorize MEDSURETY, LLC to enroll me in the plans I have elected and to reduce my pay by the agreed upon amount(s). I further understand that any contributions for flexible spending accounts will be on a pre- tax basis.

I declare that the information furnished on this form is true, correct, and complete to the best of my knowledge.

X _____
Signature Date