2024 Flexible Spending Account Enrollment Form

MEDSURETY

To be completed by Benefits Dept.

- ☐ Open Enrollment
- ☐ New Hire
- ☐ Class_____
- ☐ Division_____
- ☐ 24 Payrolls
- ☐ 19 Payrolls

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 3, 2023 to:**

- 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 2024. Please indicate the **Annual** contribution amount(s) below.

☐ **Flexible Spending Account*** $_____ annual contribution to a maximum of **$3,050** 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

Return this form to the South St. Paul Schools District Office
Human Resources – Benefits
104 5th Avenue South, South St. Paul, MN 55075
Questions? Contact: Megan Schmidt| HR Manager mmschmidt@sspps.org or 651.457.9496