



# Enrollment/Change Form

## Flexible Spending Accounts

Employer

Effective Date of Enrollment (MM/DD/YYYY)

Employee Name

Hire Date (MM/DD/YYYY)

Member ID (set by your employer. Typically an employee ID or SSN.)

Birth Date (MM/DD/YYYY)

Street or PO Box

Email Address

City

State

ZIP

Phone Number

Employment Status:

Full Time

Part Time

Please enter your FSA election(s):

Per Pay Deduction    Plan Year Election

**Medical FSA**

*Note: If you or your spouse has a Health Savings Account (HSA), contributions cannot be made to the HSA while there is coverage under a Medical FSA.*

**Dependent Care FSA**

This is a:

New enrollment

Change in previous enrollment

**If this is a change in enrollment, please check the event that triggered this change:**

**NOTE:**

- An election can only be changed if the change in status affects eligibility for that coverage.
- Any change in election must be consistent with the change in status and the change in eligibility

Participant's termination of employment.

Change in employment status of spouse or dependent (including termination or commencement of employment).

Change in employee's legal marital status (including marriage, divorce, death of spouse, legal separation, annulment).

Change in number of tax dependents (including birth, adoption, placement for adoption, death).

Change in work schedule (reduction or increase in hours by employee, spouse or dependent, including a switch between full-time and part-time, a strike or lockout, and commencement of or return from an unpaid leave of absence).

Change in residence or worksite (of employee, spouse, or dependent).

Dependent satisfies or ceases to satisfy dependent eligibility requirements (attainment of age, student status, etc.).

Change in dependent care cost or provider (for Dependent Care FSA elections only).

Other:



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**Please certify the following:**

I have received and read the printed material which explains my plan and my options under it. I understand that any expenses paid under this plan must be eligible expenses as governed by Internal Revenue Service (IRS) regulations, must be for services provided for me or a qualifying individual and must not be reimbursed from any other source. I also understand that by signing and submitting this enrollment form, I am making an irrevocable election for the current plan year. Any choices above may be modified only as defined in the plan. Moreover, I authorize the amount(s) above to be deducted from payroll as indicated. I also understand that unused amounts in any Flexible Spending Account may be forfeited after the time frame indicated in the Plan Highlights.

I understand that Federal law requires financial institutions to obtain, verify and record information that identifies each person with an account. I also understand that I may be required to provide identifying information (e.g. social security number, address and date of birth) when making inquiries about my account. I understand that any personal information obtained will not be shared with anyone, including non-affiliated third parties, except as permitted by law.

If a Beniversal® Prepaid Mastercard® is associated with my Flexible Spending Account:

- I authorize the issuance of a Beniversal Card. I agree to use this card only for eligible medical expenses under the plan for me or a qualifying individual and to be bound by all provisions of the Cardholder Agreement and card promises sent to me with my card. Furthermore, I understand that if my Beniversal Card is used for expenses other than eligible medical expenses or if I violate the terms of the Cardholder Agreement, my account may be suspended and I will reimburse the plan for the expenses. I authorize my employer to deduct any non-approved expense directly from my paycheck on an after-tax basis. I also authorize expenses for replacement cards and paper followup requests to be deducted from my account balance as needed.
- Since the IRS requires that certain purchases made with the Beniversal Card be verified for eligibility, I agree to acquire and retain sufficient documentation for any expense paid with the card and to submit such followup documentation to Benefit Resource upon request.

Signature

Date (MM/DD/YYYY)

**EMPLOYERS ONLY - This section must be complete for employee to be enrolled**

Deduction Cycle:      Monthly                      Semi-monthly                      Bi-weekly                      Weekly  
 Other:

Pay date of first FSA deduction(s):                      FSA Pay Dates This Year:

Change in Health Insurance level of Coverage:      Single                      Family

**Insurance Coverage Code:**

*This information is required for Beniversal Cards. The six digit code must match a code on your Group Insurance Form. Note: If employee is not insured through an employer sponsored health insurance plan, enter NOMED.*

The employer maintains a Plan Document; if anything in this document conflicts with the Plan Document, then the Plan Document controls. The Beniversal Prepaid Mastercard is issued by The Bancorp Bank pursuant to license by Mastercard International Incorporated. Mastercard is a registered trademark of Mastercard International Incorporated. Card accepted at qualified merchants accepting Debit Mastercard. The Bancorp Bank; Member FDIC. © 2020 Benefit Resource | All rights reserved



BENEFIT RESOURCE, LLC.

# Participant-facing Plan Snippets

## FLEXIBLE SPENDING ACCOUNT (FSA)

A Flexible Spending Account (FSA) allows you to contribute tax-free dollars to accounts to pay for health care (Medical FSA) and childcare (Dependent Care FSA) expenses. Get best-in-class features and support through BRI tools such as BRIWEB, the BRIMOBILE app, and the Beniversal® Prepaid Mastercard®.

A Flexible Spending Account (FSA) can save you up to 40% on expenses you already pay for. Depending on the type of FSA, you can pay for certain medical expenses and/or dependent care expenses tax-free, through payroll deductions. Best of all, you get instant access to funds through the Beniversal® Prepaid Mastercard®, reducing reimbursement wait time.

Flexible Spending Accounts (FSAs) are IRS-approved accounts that allow you to pay for eligible medical and dependent care expenses on a tax-free basis. When you enroll in an employer-sponsored FSA, your contributions are not subject to Federal, FICA and most state taxes. This means you bring home more money in your paycheck.

Flexible Spending Accounts (FSAs), governed by Internal Revenue Code (IRC) Section 125, allow you to have pre-tax payroll deductions for certain medical and dependent care expenses. This provides up to 40% tax savings to you!

## MEDICAL FSA

A Medical FSA allows you to pay for qualified out-of-pocket medical, dental, and vision costs. These may include co-payments, office visits, prescription drugs, dental care and orthodontia, vision care, and over-the-counter drugs and medicines. Get easy access to Medical FSA funds from the Beniversal® Prepaid Mastercard®.

A Medical FSA is an employee-funded account that allows you to pay for qualified out-of-pocket medical, dental, and vision costs with tax-free dollars - saving up to 40% on expenses you are already paying for!

A Medical FSA allows you to set aside funds on a tax-free basis to pay for eligible medical services provided to you, your spouse, and your dependents. Eligible expenses include co-payments, co-insurance and deductible expenses, dental and vision care, prescription drugs, over-the-counter medical items, and more. Funds are available on the first day of the plan year.

## DEPENDENT CARE FSA

A Dependent Care FSA gives you the power to set aside money, tax free, from your paycheck to put towards caring for your children and any adult dependents in your care. To qualify, the care must enable you (and, if married, your spouse) to work, look for work, or attend school full-time. Funds become available as they are deposited throughout the year.

A Dependent Care FSA allows employees to pay for eligible child or adult dependent care expenses such as daycare, before and after-school care, pre-school, day camps, and custodial care for a mentally or physically disabled adult dependent.

A Dependent Care FSA is a financial tool used to reduce the cost of child and adult dependent care. You set aside tax-free money from your paycheck to put toward services you are already paying for.

A Dependent Care FSA allows you to set aside funds from payroll to pay for certain care expenses. These expenses must be for a dependent child under the age of 13 or a spouse or other dependent adult who is incapable of self-care.