FSA Enrollment

INFINISOURCE BENEFIT SERVICES

Plan year beginning 1-1-2020 Ending 12-31-2020 Check one: ☐ New enrollment ☐ Re-enrollment

Employer: Parma City School District Division (if applicable): _____

Employee name: _____ Soc. Sec. No: _____
Last First MI

Date of birth: _____ Home address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Payroll Frequency: ☐ 26 pays ☐ 21 pays

Date of hire: [redacted] Effective date: 1-1-2020

Paycheck deductions start on: 1-3-2020

Enter the annual amount of your allocation(s) for the Plan Year to the account(s) of your choice and divide by the number of paychecks you receive during the Plan Year to arrive at the amount of your salary reduction each paycheck.

Benefit Elections:	**Annual Election**
A. **Dependent Care Flexible Spending Account** (DCA)	$ 0
B. **Health Flexible Spending Account (FSA)**	$ ☆

	(Divide Annual Election by # pays)	**Payroll Deductions**
Total Authorized Pre-tax Salary Reductions	**FSA Health Plan Per Pay Deduction**	$ ☆
	Dependent Care Per pay Deduction	$ 0

*This amount can be automatically increased or decreased during the Plan Year to correspond with increases or decreases in the amount of Employee contributions required by Employer to its benefit plans.

By signing below, I understand that:

- I am authorizing my employer to reduce my compensation by the amount specified.
- I understand that I am not permitted to change my elections during the Plan Year unless the change is on account of and consistent with current recognized IRS regulations and change in status events.
- I also understand that unused account balances in my Dependent Care and Health FSAs at the end of the Plan Year or Plan's grace period are subject to forfeiture, based on applicable IRS law and regulations and Plan design.

Employee Signature:	**Date:**

Must be fully completed, signed and dated. Return to Diane Byrnes, Treasurer's Office by 12/4/2019.

Infinisource, Inc. has incorporated the HIPAA Privacy Requirements to reflect our organization's business practices regarding your FSA coverage.

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