



2025

Human Resources Department - Benefits
Independent School District 625
360 Colborne Street Saint Paul, MN 55102
651.767.8200
651.305-4259 FAX
benefits@spps.org

Flexible and Dependent Care Spending Accounts

Plan Year 2025

Employee ID: Address:
First Name: City: State:
Last Name: Zip Code:

Flexible Spending Account (FSA)

I elect to participate/change the Saint Paul Public Schools Healthcare Flexible Spending Account for the 2025 plan year.

- A FSA allows you to set aside pre-tax dollars for eligible health care expenses (e.g. medical, dental and vision expenses) for you, your spouse or your dependents that you expect to incur during the Plan Year.
After incurring these expenses, you are reimbursed from your account through Optum.
Each year during open enrollment, you elect to deposit from \$0 to \$3,200 into your flexible spending account for the year. Your election amount is deducted from your pay pre-tax in equal amounts throughout the year.

I request the following amount to be deducted from my annual salary/pay (if this a status change, enter the new annual amount to be deducted):

\$.00 Account Maximum: \$3,200

If change is due to a Qualifying Status Change, dated documentation showing reason for the change must be submitted with this form.

Dependent Care Spending Account (FSAD)

I elect to participate/change the Saint Paul Public Schools Dependent Care Flexible Spending Account for the 2025 plan year.

- A Dependent Care Account allows you to set aside pre-tax dollars for dependent care services you expect to receive during the Plan Year.
It covers daycare expenses not only for your dependent children under age 13, but for anyone considered your dependent for income tax purposes, such as a disabled parent.
After incurring these expenses, you are reimbursed from your account through Optum.
Each year during open enrollment, you elect to deposit from \$0 to \$5,000 (or less, if subject to additional limitations) into your dependent care spending account for the year.
If your spouse also participates in a dependent care spending account, the tax-free benefit is limited to \$5,000 for both of you combined. If you are married but filing taxes separately, the tax-free benefit is limited to \$2,500. Your election amount is deducted from your pay pre-tax in equal amounts throughout the year.

I request the following amount to be deducted from my annual salary/pay (if this a status change, enter the new annual amount to be deducted):

\$.00 Account Maximum: \$5000

If change is due to a Qualifying Status Change, dated documentation showing dependent name and reason for the change must be submitted with this form.

By signing this form I understand the payroll deductions will remain in effect and cannot be revoked or changed during the plan year unless I have a qualifying status change. I further understand these payroll deductions can only be used to reimburse eligible expenses, and those expenses must be incurred during the period in which I am enrolled in the account in order to be reimbursable. I understand account funds not used for eligible healthcare and/or dependent care expenses incurred within the plan year are forfeited; they are not carried over to the next plan year.

I authorize Saint Paul Public Schools to deduct the amount elected. I hereby consent that all personal information and elections are correct.

Signature: Date: