

FlexSave Benefit Election Form

Employee ID Number: _____

Employer: Grand Blanc Schools

Last Name: _____ First Name: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email Address: _____

Date of Birth: _____

Please list all dependents and spouse (if applicable) who will be covered under your plan. Children are eligible through the end of the tax year of their 26th birthday. Please note if you already have FlexCards, they are valid for three years. You do not need to request new cards. New cards are sent automatically to replace existing cards 30 days prior to expiration. A card for you and your spouse (if applicable) will be sent automatically.

Relationship	Last Name	First Name	M.I.	SSN Please leave blank if already enrolled	DOB Please leave blank if already enrolled	Issue Card Y/N*
Spouse						
Child						
Child						
Child						
Child						

Benefit Elections	Enter Per Pay Amount	Number of Pays	Annual Election
FSA (\$3200 MAX)			
DCA (see below)			
Limited FSA (\$3200 MAX)			

FSA = Flexible Spending Account DCA = Dependent Care Account (Dependent Care Maximum \$ 5,000 annually for married couples filing joint returns or \$2,500 annually for married individuals filing a separate return **Limited FSA = Vision and Dental Only**

I hereby apply for the options listed above. I authorize my employer to adjust my pay as required by my election. I understand that the benefit options I have elected will remain in effect throughout the plan year, unless I have a change in family status. I also understand that any unspent money remaining in my FSA or LFSA that is above the allowable \$640 rollover will be forfeited. I agree that if my employer pays out of FlexSave Spending Accounts, whether by inadvertence or design, more than I was entitled to receive, my employer may withhold amounts from my wages until the improperly paid portion has been recovered.

Date: _____ Signature: _____