EASTON AREA SCHOOL DISTRICT
FSA Enrollment Form

PLAN YEAR: July 1, 2024 to June 30, 2025

Employee Name	Social Security Number	
Address	City/State/Zip	
Email Address	Date of Birth	Date of Hire
Effective Date of Election	First Pay Date	
Healthcare Flexible Spending Account (Maximum Annual Contribution $3,200)	Per Pay Contribution	Plan Year Contribution
Dep. Day Care Flexible Spending Acct. (Maximum Annual Contribution $5,000)	Per Pay Contribution	Plan Year Contribution

My employer and I hereby agree that my cash compensation will be redirected by the amounts set forth above for each pay period during the Plan Year (or during such portion of the year that remains after the date of this agreement). I understand that if I do not return this form to my employer by my effective date, I am effectively waiving participation in the flexible spending programs offered by my Employer's Section 125 Cafeteria Plan. I understand that:

- I cannot change or revoke my election for the Healthcare Flexible Spending Account and/or the Dependent Day Care Flexible Spending Account unless I have a change in status (including marriage, divorce, death of a spouse or dependent child, birth or adoption of a child, termination or commencement of employment of a spouse, or such other qualifying events).
- Any balance, up to $640, remaining in my Healthcare Flexible Spending Account after the end of the Plan Year's Run-out Period can be carried over to the next Plan Year.
- Any balance left in my Dependent Day Care Flexible Spending Account after the end of the Plan Year's Run-out Period will be forfeited in accordance with the "Use it or Lose it" provision.
- The Plan Administrator may reduce or cancel my taxable compensation redirection or otherwise modify this agreement in the event it is believed that it is advisable in order to satisfy certain provisions of the Internal Revenue Code.
- This agreement is subject to the terms of my Employer's Section 125 Cafeteria Plan, as amended from time to time, which shall be governed under applicable laws, and revokes any prior election and agreement relating to such plan(s). By signing this form I agree to the terms and procedures listed herein.

Employee Signature _____ Date _____

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