

Flexible and Dependent Care Spending Accounts

Plan Year 2026

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 2026 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 \$3,300 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: \$3,300**

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 2026 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 \$7,500 (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 \$7,500 for both of you combined. If you are married but filing taxes separately, the tax-free benefit is limited to \$3,750. 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: \$7,500**

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:** _____