ABS Advanced Benefit Strategies
Your Flexible Benefits Specialists

ENROLLMENT/CHANGE FORM (Print clearly – No Abbreviations)

Employer Name:			
Last Name:	**First Name:**	**MI.**	**Social Security Number:**
Home Address:	**City:**	**State:**	**Zip:**
Phone:	**Phone:**	**Date of Birth:**	**E-mail:**

Enrollment Status: ☐ New Hire ☐ Open Enrollment ☐ Change in status

You may be permitted to change your FSA election if you have a qualifying status change. To make a change, you must report the change within 30 days of the event to Human Resources. All changes are subject to Plan Administrator approval.

Only expenses incurred on or after the date of your qualifying status change are eligible for reimbursement

Healthcare Flexible Spending Account (FSA)	Dependent Care Spending Account (DCA)	HSA /Limited FSA	Commuter Benefits
Annual Election: **$:_____** **Waive:** ☐	**Annual Election:** **$_____** **Waive :** ☐	**Are you or your spouse participating in an HSA?** **Yes** ☐ **No** ☐ **If Yes, your FSA will be a Limited FSA for Vision & Dental Expenses only**	**Monthly Parking:** **$_____** **Monthly Transit:** **$_____**

Certification

I certify that all the information on this form is correct. I understand that: Any amount remaining in my Health Care Flexible Spending (FSA) and/or Dependent Care Account Reimbursement (DCA) and Commuter accounts at year end will be forfeited in accordance with current plan provisions and the IRS tax laws; and that all plan deductions are in effect for the full plan year and cannot be changed or stopped unless I experience a change in family or employment status.

Employee Signature:_____ Date:_____

Employer Use Only REQUIRED information:

Date of Hire:_____ Effective Date:_____ # of remaining paychecks this Plan Year:_____

Payroll Cycle: _____

Health Care FSA Deduction Per Pay Period: $_____ Dependent Care Account Deduction Per Pay Period: $_____

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Notes:

Health Care Flexible Spending:

- Health care flexible spending allows you to make pre-tax contributions to an account that may be used to pay for IRS approved health care expenses not covered under a health benefit plan for which you or your dependents for IRS tax purposes are enrolled. Examples of expenses include co-payments, deductibles, glasses and certain over-the-counter (OTC) drugs. A full listing of the eligible expenses can be found at the FSA store www.abs125.com or in IRS publication 502, Medical and Dental Expenses at www.irs.gov.

Dependent Care Account

- Dependent care allows you to make pre-tax contributions to an account that may be used to pay for the cost of care for your children under the age of 13 or for any eligible tax dependent per the IRS guidelines and lives regularly in your household at least eight hours a day while you (or your spouse) work or attend school on a full-time basis.

Enrolling in an FSA/DCA or Commuter Plan

- A new election must be made each year. Participation is voluntary.
- You may contribute to one or both of the FSA's being offered.
- You do not have to be enrolled in the Company's medical/health plan to enroll in a pretax spending account.
- Once made, your election **is irrevocable and cannot be changed** during the Plan Year unless you have a qualifying status change.
- Expenses must be incurred within the current plan year or subsequent grace period or subject to the carryover provisions as permitted by the Plan and required by law.
- If applicable to your plan you will be issued a benefits debit card for ease of payment of your eligible FSA expenses. The card is valid for those continuous years that you elect to participate in the Company's FSA's up to the expiration date shown on the front of your card. Replacement fees will apply if a new card must be reissued or additional cards are requested. These fees will be deducted from your account.
- If your employment is terminated (voluntary or involuntary), your final date of employment will be the last date of service that can be reimbursed from your FSA. You will have 60 days to request reimbursement from your remaining balance. Any unused funds will be forfeited.

Effective Date of Coverage

- If you are a new employee, you must make your election and submit this form to Human Resources within 30 days of your eligibility date. Your contributions will become effective with the first pay period following your eligibility date. If you waive coverage at the time of hire, you must wait until the next open enrollment period to elect to participate for the subsequent plan year unless you have a qualifying status change during the plan year.
- If you are enrolling or making an election change mid-year due to a qualifying status change, your election must be received and approved by Human Resources within 30 days of the status change date.