Flexible Spending Account Enrollment Form

Employer Name: _____

Participant Name (First, MI, Last): _____

Social Security Number:_____-_____-_____Phone Number (_____) _____

Address: _____

City, ST, ZIP: _____

Date of Birth:_____/_____/_____ Date of Hire:_____/_____/_____

Email Address: _____

FSA Benefit Election	Per Pay Period Amount	Total Annual Amount	# Pays Per Year	Maximums
☐ Health Care Election—Standard	$	$	24	$ 3,300.00*
☐ Dependent Care Election	$	$	24	$ 5,000.00*
☐ Parking Election	$	$	12	$ 3,900.00*
☐ Transit Election	$	$	12	$ 3,900.00*

*Subject to change per IRS guidelines

Spouse/Dependent Information (Attach additional pages if necessary) ☐ I do not have a spouse or dependents

Name	Social Security Number	Date of Birth	Gender	Relationship

Enroll in Direct Deposit

To sign up for direct deposit, please log into the LBS consumer portal at https://www.lifetimebenefitsolutions.com/start. Your personalized consumer portal will be available to access on or after your effective date. Upon entering your bank account information, there will be a verification process to complete activation of your direct deposit. Your direct deposit will not be active until the micro-deposit is verified.

Participant Authorization—Return signed form to your Employer.

By signing below I agree to participate in my employer's pre-tax program and certify that I understand and will comply with the regulations governing such Plan. I understand the basic provisions provided on page 2 of this form are guidelines only and that my Plan's Summary Plan Descriptions prevails.

Participant Signature:_____Date: _____

To Be Completed by the Employer

❑ New Hire ❑ Open Enrollment Effective Date: _____

First Payroll Deduction Date: _____

- Notify Payroll of deduction amount and date
- Keep copy of Enrollment Form for your records
- Forward copy of Enrollment Form or provide data on a file to Lifetime Benefit Solutions

This Plan has employer funded money: ❑ Yes ❑ No. If Yes,

ER Money:	Payroll Based?	Annual Amount
❑ Health Care	❑ Yes ❑ No	$
❑ Dependent Care	❑ Yes ❑ No	$

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Direct Deposit:

Direct Deposit sends claim reimbursement payments directly to your personal bank account. Direct deposit notification statements will be emailed to you with the details of the reimbursement. If you provide incorrect information and corrective transactions are required, your account may be charged a $25 processing fee. Direct deposit transactions are not subject to the typically imposed $30 check minimum.

Things to Consider Upon Enrollment:

- Your FSA account refers to the combined health care and dependent care components.
- By enrolling in the FSA program, you agree to have your compensation reduced by the amount elected.
- Your election applies to this Plan year only. To continue in the Plan, you must re-enroll each year.
- Annual health care elections are available for reimbursement in full on the first day of the Plan year.
- Dependent care elections are available for reimbursement based on current balance.
- FSA accounts are tracked separately and cannot be combined. These elections are in addition to any premiums you pay on a pre-tax basis for employer sponsored health insurance.
- The dependent care account pays for daycare services needed for a qualifying dependent while you work. A qualifying dependent is a child under age 13 who is claimed as a dependent on your federal income tax return (special rules apply for divorced parents), a disabled spouse, and any other dependent on your tax return who resides in your home and is physically or mentally disabled.
- You may file claims for reimbursement from your FSA accounts for qualified expenses incurred during the Plan year and after becoming a participant. Depending on the provisions in your Plan, some or all of the funds remaining in your FSA account after the end of the Plan's run-out period may be forfeited.
- You will pay the Employer for any tax liability or penalties it incurs if you are reimbursed for an expense that is not a qualified expense, unless you repay the amount or off-set that amount with additional eligible claims within the same Plan year.
- You cannot change the amount of your FSA contributions or pre-tax health insurance premiums, unless you have a qualifying "life change" event as defined in the Plan and satisfy any other conditions for changes contained in the Plan and tax law.
- Your FSA contributions will terminate when your employment terminates. You must check with your Employer to determine if you can elect to continue your health care contributions on an after-tax basis, as allowed under COBRA.
- Your employer may change the amount of your FSA elections if necessary to satisfy tax law requirements.
- You understand that you must provide acceptable documentation for every claim you submit, including Health Spending Card purchases upon request.
- You will keep copies of all documents submitted to Lifetime Benefit Solutions for your own personal records; Lifetime Benefit Solutions is not responsible for retaining copies of your receipts beyond the current Plan year.
- Flexible Spending Accounts and Health Reimbursement Accounts are subject to Federal Law which generally supersedes state law.
- Only spouses and dependents for Federal Tax purposes are eligible for tax-free Flexible Spending Accounts and Health Reimbursement Accounts benefits.