



Flexible Benefits Enrollment Form – Plan Year 2020 Healthcare and Dependent Care FSA

This form is to elect to participate in the Flexible Spending Account(s) **Plan Year 01/01/2020 - 12/31/2020**.

Return completed forms to TMWA Human Resources by **November 28, 2019**.

Employees are required to re-enroll each year for participation in a FSA. If you do not wish to participate in a FSA in calendar year 2020, you do not need to complete and return this form.

*If you currently participate in the FSA program and have a Wex Health Prepaid MasterCard, keep this card. Your current card will be loaded with your 2020 election amount. A new card WILL NOT be mailed to you. **If you lose your card or request a replacement card before the 5 year expiration date, you will be assessed a \$10 replacement card fee. The fee will automatically be deducted from your available FSA balance***

Employee Last Name

Employee First Name

Home Address (include Apt. Number if applicable)

City

State

Zip Code

Social Security Number

Date of Birth

Election Information:

Healthcare Flexible Spending Account (Healthcare FSA)

Annual Maximum allowable is: \$2,700

I elect to participate \$ _____ for the 2020 Plan Year.

(Insert the Total Annual Election Amount)

I understand that the amount above will be divided by 26 pay periods for a deduction of \$ _____ per pay check.

(Divide Total Election by 26)

I elect to waive participation

Dependent Care Flexible Spending Account (Dependent Care FSA)

Annual Maximum allowable is: \$5,000 (\$2,500 if married, filing separately)

I elect to participate \$ _____ for the 2020 Plan Year

(Insert the Total Annual Election Amount)

I understand that the amount above will be divided by 26 pay periods for a deduction of \$ _____ per pay check.

(Divide Total Election by 26)

I elect to waive participation

Authorization:

I have reviewed the terms of my employer's Flexible Benefits Plan. I understand that I may elect coverage under any or all of the above components. I understand that the contributions for the participation that I elect will be deducted from my compensation on a pre-tax basis and the deductions cannot be changed until the next plan year unless there is a change in status. I have read and agree to the terms of participation.

Employee's Signature

Date