

## FLEXIBLE SPENDING ACCOUNT ENROLLMENT FORM

Employer/Employee Information	
Employer Name: _____	CPS ER#: _____
Plan Year: 01/01/2017 - 12/31/2017	
City: _____	State _____ Zip _____
Employee Social Security Number: _____	
Employee Name: _____	
(Last)	(First)
Home Address: _____	
(City)	(State)
(Zip)	
Daytime Phone Number: (        ) _____	Date of Birth: _____
Employee Elections	
<b>Medical Flexible Spending Account</b>	
Plan Year Maximum of \$2,600.00	
<input type="checkbox"/> I want to contribute a total of \$ _____ during this Plan Year to my Medical Flexible Spending Account. I understand this amount will be deducted from my pay throughout the Plan Year.	
Are you or your spouse actively contributing to a Health Savings Account?	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes: Your medical FSA must be limited to dental and vision expense reimbursement until your health plan deductible has been met. Contact SelectAccount to remove the limit when your deductible is met.	
<b>Dependent Care Flexible Spending Account</b>	
Plan Year Maximum of \$5,000.00 (\$2,500.00 if married but filing separate tax returns)	
<input type="checkbox"/> I want to contribute a total of \$ _____ during this Plan Year to my Dependent Care Flexible Spending Account. I understand this amount will be deducted from my pay throughout the Plan Year.	
Employer Contributions	
<input type="checkbox"/> My employer will contribute a total of \$ _____ during this Plan Year to my Medical Flexible Spending Account.	
<input type="checkbox"/> My employer will contribute a total of \$ _____ during this Plan Year to my Dependent Care Flexible Spending Account.	
<b>Note:</b> The employer can contribute up to \$500 to all eligible workers without the employee contributing. When employer is contributing an amount over \$500, the employer's contribution cannot exceed the employee's election. Employer's contributions are not considered part of the maximum employees can contribute.	
Signature	
I have reviewed the above election(s) and understand my choices will remain in effect for the entire Plan Year unless I experience a change in status as defined by the IRS. It is also my understanding that any funds remaining in my account(s) at the end of the Plan Year will be forfeited unless my employer allows up to \$500 dollars to roll in to the next Plan Year.	
_____ Signature	_____ Date
Return form to your employer who will then forward to: <b>SelectAccount</b>	
Employer: Please process enrollment form online (preferred method) at <a href="http://SelectAccount.com">SelectAccount.com</a> or fax to SelectAccount at 866-231-0214. Phone: (651) 662-5065 / (800) 859-2144	