SelectAccount®

CONCORDIA PLAN SERVICES

FLEXIBLE SPENDING ACCOUNT ENROLLMENT FORM

Employer/Employee Information

Please complete form and give it to your employer. Employer: Please process enrollment form online (preferred method) at www.SelectAccount.com or fax to SelectAccount at 866-231-0214.

Employer Name:_____ **CPS ER#:**_____ **Plan Year: 01/01/2017 - 12/31/2017**

City:_____ **State**_____ **Zip** _____

Employee Social Security Number:_____

Employee Name:_____
(Last) (First) (MI)

Home Address:_____

_____
(City) (State) (Zip)

Daytime Phone Number: ( )_____ **Date of Birth:**_____

Effective Date:_____ **(To Be Provided by Group Contact)**

Elections

Medical Flexible Spending Account

☐ 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. **For 2017, the IRS imposed maximum limit for employee contributions to the FSA is $2,600. Employer's contributions are not considered part of the maximum employees can contribute.**

☐ My employer will contribute a total of $_____ during this Plan Year to my Medical Flexible Spending Account.
Are you or your spouse actively contributing to a Health Savings Account?

☐ No

☐ 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.

Dependent Care Flexible Spending Account

Plan Year Maximum of $5,000.00 ($2,500.00 if married but filing separate tax returns)

☐ 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.

☐ My employer will contribute a total of $_____ during this Plan Year to my Dependent Care Flexible Spending Account.

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: SelectAccount
Employer: Please process enrollment form online (preferred method) at SelectAccount.com or fax to SelectAccount at 866-231-0214. Phone: (651) 662-5065 / (800) 859-2144