

FSA ELECTION FORM

122 Parish Drive, Wayne, NJ 07470

Company Name:			
Employee Last Name:	MI:	Employee First Name:	
Social Security Number:		Home Address:	
Marital Status: Single/Married/Divorced/Widowed		City:	State: Zip:
Phone Number:		Cell Phone Number:	
Email Address:		Birth Date:	Gender: M/F

DEPENDENTS TO BE COVERED UNDER THE FSA

Last Name	First Name	Relationship	Date of Birth

AUTHORIZATION OR WAIVER OF PARTICIPATION


Medical Care Spending Account

- I elect to participate in the Medical Care FSA. I direct my employer to reduce my annual salary for the current Plan Year by \$_____ (\$2600 maximum)
- I **do not** elect to participate in the Medical Care FSA

Dependent Care Spending Account

- I elect to participate in the Dependent Care FSA. I direct and authorize my Employer to reduce my annual salary for the current Plan Year by \$_____
- I elect not to participate at this time

I hereby apply for the options listed above. I authorize my employer to adjust my pay as required by my election. I acknowledge that my election is irrevocable and will remain in force throughout the plan year unless there is a change in my family status. A change in family status includes: marriage; divorce; death of the spouse or dependent; birth or adoption of a child; a change in the spouse's employment status; or termination. I WILL FORFEIT ANY UNUSED MONEY REMAINING IN MY ACCOUNT AS OF THE END OF THE PLAN YEAR OR WHEN MY PARTICIPATION IN THE PLAN ENDS.

 **Employee Signature:** _____ **Date:** _____

Please return this form to your Benefits/Human Resources Administrator

----- **FOR EMPLOYER USE ONLY** -----

Pay Cycle: ___ Weekly ___ Bi-Weekly ___ Semi-Monthly ___ Monthly	Plan Effective Date: ___ / ___ / ___
Salary Reduction Will Begin: ___ / ___ / ___	Pay Cycle Deduction Amount \$ _____
Employer Representative Signature:	Date: ___ / ___ / ___

Note: Partners, Sole Proprietors, Owners of an LLC and 2% or more owners of a sub-chapter S Corporation are not permitted to participate in a Medical FSA program.