



Flexible Spending Account Enrollment & Contribution Election Form

RETURN FORM TO:

DeAnna Sullivan
Wittenberg University
PO Box 720
Springfield, OH 45501

Please check: Bi-weekly payroll *or* Monthly payroll

Please sign, date, and complete each line on the enrollment form. Please enter zero (0) where no amount is being deducted. **Return the completed and signed form to HR.**

Participant Last Name First Name MI

Participant Email Address Participant Phone Number

Participant Address

City State Zip

Participant's Plan Effective Date

2021 Election Amounts

I request the following FSA types to be deducted on an pre-tax basis

Healthcare FSA. Generally, the Healthcare FSA is available to employees who *do not* enroll in the HDHP medical plan, even your spouse's HDHP plan*. IRS regulations do not allow employees to have an HSA and Healthcare FSA in the same tax year. Up to \$550 in healthcare FSA can be carried-over into the next calendar year. Carry-over funds exceeding \$550 will be forfeited.

***Employees considering Medicare enrollment in 2021 may wish to consider enrolling in a healthcare FSA in lieu of an HSA to avoid tax/penalties.**

Dependent Care FSA. The Dependent Care FSA is available to all employees regardless of what medical plan you enroll in. There is *no carry-over option* for unused Dependent Care FSA. If you don't use your Dependent Care FSA dollars in 2021, they will be forfeited.

Limited Purpose FSA. The LPFSA is available to HDHP participants who want to contribute *additional* contributions for dental & vision expenses only. Remember, dental & vision expenses are already eligible under your HSA. Up to \$550 in LPFSA can be carried-over into the next calendar year. Carry-over funds exceeding \$550 will be forfeited.

IRS Contribution Limit	Employee Annual Contribution election(s) (will be divided by 12 or 26 per payroll status)
\$2,750	
\$5,000	
\$2,750	

Authorization

I agree to have my compensation reduced by the deduction amount(s) stated above. I understand amounts not used for qualified expenses incurred during the plan year will be forfeited in accordance with current plan provisions and tax laws, with the exception of \$550 in the healthcare FSA and Limited Purpose FSA which may be carried over to the next calendar year. I further understand the flexible spending amount(s) I elect will be in effect for the entire plan year and cannot be changed or revoked except as permitted by federal law. I understand my share of eligible group premium(s) will be automatically deducted before taxes. I accept all responsibility for card transactions incurred and will submit supporting documentation, as requested, for those transactions. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. By typing my name below, I am electronically signing my form.

Authorize Signature Date