



Flexible Spending Account Enrollment & Contribution Election Form

RETURN FORM TO:

Human Resources
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

2023 Election Amounts

I request the following FSA types to be deducted on an pre-tax basis	IRS Contribution Limit	Employee <i>Annual</i> Contribution election(s) (will be divided by 12 or 26 per payroll status)
<p>Healthcare FSA. Generally, the Healthcare FSA is available to employees who <i>do not</i> enroll in the HDHP medical plan, even your spouse's HDHP plan*. IRS regulations do not allow employees to contribute to an HSA and Healthcare FSA in at the same time. Up to \$610 in healthcare FSA can be carried-over into the next calendar year. Carry-over funds exceeding \$610 will be forfeited.</p> <p>*Employees considering Medicare enrollment in 2023 may wish to consider enrolling in a healthcare FSA in lieu of an HSA to avoid tax/penalties.</p>	\$3,050	
<p>Dependent Care FSA. The Dependent Care FSA is available to all employees regardless of what medical plan you enroll in. There is <i>no carry-over option</i> for unused Dependent Care FSA. If you don't use your Dependent Care FSA dollars in 2023, they will be forfeited.</p>	\$5,000 (or \$2,500 if married filing separately)	
<p>Limited Purpose FSA. The LPFSA is available to HDHP participants who want to contribute <i>additional</i> contributions for dental & vision expenses only. Remember, dental & vision expenses are already eligible under your HSA. Up to \$610 in LPFSA can be carried-over into the next calendar year. Carry-over funds exceeding \$610 will be forfeited.</p>	\$3,050	

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 \$610 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