

# Flexible Spending Account (FSA) Election Form



In the event of a qualifying status change, you may enroll or make changes to a Flexible Spending Account (FSA) election for the remainder of the plan year. In compliance with IRS regulations, when a qualifying status change occurs, written notification must be received within 31 days of the status change, and the change to an FSA election must be consistent with that status change. Complete the applicable section(s) below and attach documentation of the event, as appropriate.

## Personal Information

Employer Name: \_\_\_\_\_ Plan Year: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Pay Cycle:  Weekly (48 or 52)  Bi-weekly (26)  Semi-Monthly (24)  Monthly (12)

New Employee:  Yes  No If yes, provide date of eligibility: \_\_\_\_\_

## Reason for Completing Form

Date of status change: \_\_\_\_\_ (return within 31 days)

- Hired/Newly Eligible  Marriage  Divorce  Change in Dependent Eligibility  
 Birth/Adoption/Legal Guardianship  Change in spouse's employment status affecting eligibility for benefit  
 Other: \_\_\_\_\_

## Pre-Tax Benefit Elections:

### Healthcare Spending Account

Used to reimburse healthcare expenses incurred for yourself and qualifying dependents. The maximum allowable contribution is \$\_\_\_\_\_ per plan year.

I wish to redirect the following pre-tax payroll funds into my Healthcare FSA from my pay:

\$\_\_\_\_\_ for the entire plan year.

\$\_\_\_\_\_ per pay election

(per pay election = plan year election ÷ number of pay periods remaining in plan year)

### Dependent Care Spending Account

Used to reimburse dependent care expenses incurred for your qualifying dependents. The maximum allowable plan year contribution is \$5,000, per IRS regulations.

I wish to redirect the following pre-tax payroll funds into my Dependent Care FSA from my pay:

\$\_\_\_\_\_ for the entire plan year.

\$\_\_\_\_\_ per pay election

(per pay election = plan year election ÷ number of pay periods remaining in plan year)

**Note:** The Healthcare Spending Account and Dependent Care Spending Account are separate accounts and cannot be combined. For example, you cannot transfer Dependent Care contributions to cover eligible health care expenses under the Health Care Spending Account.

## Authorization

I understand that by signing below, I am making a binding election of the benefit(s) indicated on this form and hereby authorize my employer to re-direct each pay-period the contribution(s) listed in the above election section. I further understand that IRS requires forfeiture of any unused contributions (use-it-or-lose-it-rule) that remain unclaimed after the end of the plan year. There is a 90 day grace period to submit eligible expenses incurred during the current plan year. Once this election form is signed, I understand that my contribution(s) cannot be revoked or changed during the plan year, unless I have a qualifying "Status Change", which includes marriage, divorce, death of spouse or child, birth or adoption of a child, and termination of employment of spouse which justifies the revocation (See SPD's for Rules). Each year I have the option to make changes to my plan election amount(s) during the Open Enrollment Period (OEP). In the event of a change in my cost for the employer sponsored group insurance premium(s), I authorize my employer to adjust my plan contribution(s) accordingly.

**I certify that all information provided on this form is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you have questions, contact The Advantage Group Customer Service Center at support@enrollwithtag.com, or call toll free (877)506-1661

**Return completed form to:** The Advantage Group 43471 Ridge Park Dr. Ste B Temecula, Ca 92590 -or- Fax (877)561-1661