



## FSA ENROLLMENT FORM AND SALARY REDIRECTION AGREEMENT

If you would like to enroll in the flexible spending account (FSA) plan, please complete the following form and return it to a Human Resources contact in your organization.

- Annual Open Enrollment  
  Mid-Year Enrollment-New Hire  
  Change of Status (choose reason below)
- Birth/Adoption  
  Marriage  
  Divorce  
  Leave of Absence  
  Death of Participant  
  Other
- Death of Spouse/Dependent  
  Job Change  
  Spouse Job Change  
  Return from Leave of Absence

Employer Name: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ W / H    Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Division: \_\_\_\_\_ Work Location: \_\_\_\_\_

**List tax dependents eligible for benefits:**

Name (First, Last)	Full Time Student?	Gender	Date of Birth	Relationship
Spouse				
Dependent				
Dependent				
Dependent				

**Choose your Election Amount:**

Please withhold the annual election amount below as pre-tax deductions from my paycheck during the designated plan year for deposit to the designated flexible spending account.

Plan Year: \_\_\_\_\_ Effective Date on Plan: \_\_\_\_\_

Initials	Benefit	Total Annual Election
_____	Medical Flexible Spending Account	\$ _____/annually
_____	Dependent Care Flexible Spending Account	\$ _____/annually



This Agreement intends to conform with Sec(s). 79, 105, 106, 125, 129 of the I.R.S. Code providing employee benefits. As provided for in said Sections, Employer has created a Cafeteria Plan to provide Employee with benefits. Employer and Employee mutually agree as follows:

- I. Employee's per pay cash compensation shall be redirected by the amounts listed below effective the first pay period beginning on or after Employee becomes eligible for benefits and shall continue until this Agreement is amended or canceled. Employee's elections and participation shall be governed by the terms of the Dependent Care Reimbursement and Health Care Reimbursement Plans as amended from time to time.
- II. Redirected salary must reimburse expenses incurred during Plan Year and may not be carried into future years. Any amount not reimbursed for the current Plan Year will be returned to the Employer's general fund. If employment is terminated, this Agreement terminates; however, Employee retains the right to benefits in accordance with the Plan Document.
- III. By offering this Plan, the Employer has provided no tax advice regarding participation in this Plan, therefore, the Employee waives any claims against the Employer and holds the Employer harmless for any taxes or assessments that may be imposed by the Internal Revenue due to future interpretations or changes in the laws governing these Plans.

**Accepted by Employee**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Employer Use Only**

Payroll Frequency: \_\_\_\_\_

First payroll reduction date: \_\_\_\_\_

Payroll deduction amount: \$\_\_\_\_\_



## DIRECT DEPOSIT AUTHORIZATION

I hereby authorize TASC to initiate deposit of my medical and/or dependent care expense reimbursements to the bank account indicated below and, if necessary, debit entries and adjustments for any credit entries made in error to my account.

**Please attach a copy of a voided check if you are electing to have reimbursement sent to a checking account.**

**\*If you are electing to use your savings account please contact your bank for the Transit ABA Routing Number.**

If you are re-enrolling during Open Enrollment and are already signed up for direct deposit, you do not have to complete this form. We will continue to deposit reimbursements to the bank account on record.

This account is (Please check one of the following options)

New     Change     Cancel    Name of Bank: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attach  
Voided Check  
OR  
Savings Deposit Slip  
HERE**

Bobby Brady  
123 Main Street  
Anywhere, USA 55439

**3448**

Date \_\_\_\_\_

Pay to the Order of \_\_\_\_\_

Dollars

For \_\_\_\_\_

**|:091000019|: 3564895891" 3448**

(Routing Number) (Account Number)

Employer Name: \_\_\_\_\_  Address Change

Employee Name: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_