

Moore College Flexible Spending/Dependent Care Account

2021 Election Form

Personal Information:

Today's Date: / /

Date of Hire: / /

Last Name

First Name

Middle Initial

Social Security Number

Home Address: Street

City

State

Zip

Date of Birth: / /

Gender: Male Female Marital Status: Single Married

FLEXIBLE SPENDING ACCOUNTS - IMPORTANT FACTS TO REMEMBER: Your contributions into the Flexible Spending Accounts are reducing your taxable income, therefore the IRS places restrictions on the use of the reimbursement accounts and what is considered eligible expenses. Expenses eligible for reimbursement must be incurred during the current plan year which is noted above. (For New Hires: Eligible expenses must be incurred from benefit eligibility date in the plan through the end of the plan year). The Flexible Spending Accounts are a "use it or lose it" benefit meaning that any remaining account balance at that end of the plan year will not rollover into the next plan year and you will forfeit any remaining funds.

Health Care Flexible Spending Account Election for plan year 2021:

Elect Please indicate your per-pay contribution amount: \$ _____
(Maximum Contribution \$2,750 per plan year)

Dependent Care Information:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Dependent Care Flexible Spending Account Election for plan year 2021:

Elect Please indicate your per-pay contribution amount: \$ _____
(Maximum Contribution \$5,000 OR \$2,500 if married and filing a separate tax return).

FLEXIBLE SPENDING ACCOUNT/DEPENDENT CARE AUTHORIZATION AND AGREEMENT

I have read the Flexible Spending Account enrollment materials and understand the rules of participation in the plan. I have voluntarily elected to participate in the Flexible Spending Account by indicating my election contribution amount(s) as indicated above and grant authorization to the company to deduct the stated per-pay contribution election amount for the entire plan year. I acknowledge that my election is irrevocable and will remain in force unless I have a qualified change in my family status. A change in family status includes: marriage; divorce; death of spouse or dependent; birth or adoption of a child; or a change in your spouse's employment status. My signature below is authorization and agreement to the terms of the Flexible Spending Account plan.

Employee Signature

Date

Company Representative

Date