

# Moore College Flexible Spending/Dependent Care Account

## 2025 Election Form

Personal Information:

Today's Date:     /     /

Date of Hire:     /     /

Last Name

First Name

Middle Initial

Home Address: Street

City

State

Zip

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).

**For the plan year beginning November 1, 2025 you will have the option of rolling over up to \$660 of unused FSA funds into the next plan year. Any remaining funds in excess of the rollover amount will be forfeited.**

### Health Care Flexible Spending Account Election for plan year 2025:

☐ Elect      Please indicate your per-pay contribution amount: \$ \_\_\_\_\_  
(Maximum Contribution \$3,300 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 2025:

☐ 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