

## 2008 FLEXIBLE SPENDING ACCOUNT ENROLLMENT

**Submit to the Diocesan Payroll Office FAX: 415-673-4863**

Name: \_\_\_\_\_ Social Security No. : \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Parish Code \_\_\_\_\_

<input type="checkbox"/> <b>Yes! I wish to enroll in Medical Care Flexible Spending Account</b>  Indicate your annual deposit for eligible medical expenses. . . .	Annual Deposit \$ _____ The minimum annual deposit is \$100. The maximum annual deposit is \$3,000.	Per Paycheck Withholding \$ _____ annual amt divided by # of pay periods remaining in year
<input type="checkbox"/> <b>Yes! I wish to enroll in Dependent Care Flexible Spending Account</b>  Indicate your annual deposit for eligible dependent expenses. . . .	Annual Deposit \$ _____ (The maximum annual deposit is \$5,000; \$2,500 if you are married and are filing separate income tax returns.)	Per Paycheck Withholding \$ _____ annual amt divided by # of pay periods remaining in year

There are 24 paychecks issued each year - 2x / month on 15<sup>th</sup> & last day of mo. **Calculate the per paycheck withholding by dividing your annual deposit by the number of remaining pay periods in the year.** The total annual deposit is the before-tax amount that will be deducted in equal installments from each paycheck.

In the event of my death, I designate the beneficiary named below. I also understand the elections made above are binding upon me for the plan year specified and cannot be changed unless I have a qualified change in family status. I further understand payroll deductions will be made based on the elections indicated and **ANY UNUSED MONEYS LEFT IN THE ACCOUNT WILL BE FORFEITED AT THE END OF THE PLAN YEAR.**

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FSA Beneficiary	Address/City/State/Zip	Phone Number
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\_\_\_\_\_ Date

\_\_\_\_\_ Employee Signature

**Return your completed enrollment forms to 415-673-4863**