WageWorks
www.wageworks.com

ENROLLMENT FORM — **FLEXIBLE SPENDING ACCOUNTS (FSA)**
October 1, 2018 - September 30, 2019

GENERAL INFORMATION

Employee Name:

Mailing Address:

City: State: Zip:

Email:

SSN: Status: ☐ FT Classified ☐ PT Classified ☐ FT Faculty ☐ FT Exempt

Date of Hire (MM/DD/YYYY): Date of Birth (MM/DD):

FLEXIBLE SPENDING ACCOUNTS

2018 Maximum Contributions:
Healthcare FSA: $2650
Dependent Care FSA: $5000

☐ I hereby elect to participate in the Flexible Spending Accounts (FSA)

☐ I hereby elect NOT to participate in the Flexible Spending Accounts (FSA)

	Per Pay Period	# Pay Periods	Annual Election
Healthcare FSA	$ ☐☐☐	**X 12**	= $ ☐,☐☐☐
HSA Compatible FSA (vision & dental only):	☐Yes ☐No		
Dependent Care FSA	$ ☐☐☐	**X 12**	= $ ☐,☐☐☐

(Day care expenses incurred during employment hours.)

Effective date of coverage: October 1, 2018 *The first payroll deduction will occur with October payroll.*

AUTHORIZATION & ACKNOWLEDGEMENT

I understand that I cannot revoke or change this election during the Plan Year unless there is a qualifying "Change in Status" event that affects my or my dependents' eligibility under this Plan or another employer plan. The rules regarding election changes are described in more detail in the Summary Plan Description. I also understand that if I or my spouse participates in a Health Savings Account (HSA), eligible medical expenses under the Healthcare Reimbursement Account may be limited.

I understand there is a monthly administrative fee of $3.35 that will be deducted from payroll on a pre-tax basis.

I understand that I must submit a claim and appropriate documentation (e.g., explanation of benefits, itemized bill) for out-of-pocket, Medical, Dental, Vision and/or Dependent Care expenses before I can be reimbursed. I certify that I will only submit claims for reimbursement under the Flexible Spending Accounts for eligible expenses incurred by myself or my eligible dependents, in accordance with the terms of the respective Flexible Spending Account Plan. I certify that I will not submit claims for reimbursement under the Flexible Spending Accounts for amounts that have already been reimbursed by another source nor will I seek reimbursement for such amounts from any other source.

Signature Date

WageWorks is the administrator of your plan. Please return this form to RCC Human Resources.