



Flexible Spending Account Enrollment Application

Employee Information:

Last Name:	First Name:	Middle Initial:
Mailing Address:	City, State:	Zip:
Phone Number:	Date of Birth:	Social Security Number:

Annual Elections:

	Contribution Per Pay Period	Number of Pay Period Remaining in Plan Year		Annual Election Amount (Oct.-Sept.)
Flexible Spending Account (FSA)	\$	X	=	\$
Limited Purpose Flexible Spending Account (Dental and Vision only)	\$	X	=	\$
Dependent Care Reimbursement Account (DCRA)	\$	X	=	\$

Signature

Date