Flexible Spending Account Enrollment Form

Discovery Benefits
simplify.™

1. Employee Information (all information is required)

Village of Franklin Park
Company Name

Employee ID/Number

Participant Name (First MI Last)

Social Security Number

Street Address

Email Address (all notifications will be sent via email)

City

State

Zip

Day Telephone

Birth Date

Hire Date

Pay Frequency: ☐ 12 ☐ 24 ☒ 26 ☐ 48 ☐ 52 ☐ Other: _____

Gender

Marital Status

2. Enrollment Information

Enrollment Type (select one of the following)

☒ Open Enrollment Period

☐ New Hire/Change of Benefit Eligibility

Plan Year Dates	Month	Day	Year
Participant Effective Date	January	01	2020
Plan Year Ending Date	December	31	2020

3. Employee Premiums

If you have a payroll deduction for insurance premiums, eligible premiums will be deducted before taxes are calculated. Employees will automatically be enrolled in this portion of the Section 125 Plan. However, if you wish, you may opt out of the Employee Premium Conversion part of the Plan by contacting your HR Department and filling out a waiver form. *Please Note: Insurance premiums cannot be claimed as reimbursable expenses from your Medical Spending Account.

4. Annual Election

	Medical Spending Account	Dependent Care Account
Annual Election (Medical Spending Account: limit set by your employer, Dependent Care Account: IRS maximum set at $5000)	$	$
Number of Pay Periods (if enrolling mid-year, how many pay periods remain in the plan year)	÷ 26	÷ 26
Per Pay Period Amount (To be deducted each pay period)	$	$
Date of First Payroll	01/10/2020	01/10/2020

5. Other Services

You may not elect both the Auto EOB and the Debit Card as it will result in duplicate reimbursement.

Debit Card ☒ Yes! Sign me up.	A Debit Card pays directly from your flexible spending account at the point of service. **Keep your receipts. Submission of documentation is required.** The debit card must be offered by the employer. **Check with your employer to find out if the card is an option with your flexible benefits plan.**
Auto EOB ☐ Yes! Sign me up.	Auto EOB is the automatic crossover of eligible health claims from a participant's health insurance carrier. Payment is made automatically to you from your flexible spending account. **Not all carriers offer this feature and it may not be available for your group. Check with your employer to find out if Auto EOB is an option with your flexible benefits plan.**

6. ☐ Participant Authorization

I authorize my employer to reduce my pay on a per pay period basis as indicated above. I understand my reduction is for one flex plan year and that I cannot change or revoke my election unless I experience a status change in accordance with Internal Revenue Code Section 125 and submit the change within 30 days of the status change. I am aware of the plan's forfeiture provision and that my Social Security and federal unemployment benefits may be reduced because of my reduced salary for tax purposes. I authorize the release of any information necessary for Flexible Benefits. I hereby certify that the reimbursement requests I will be submitting are IRS eligible expenses and that I will not be nor have I been previously reimbursed for these expenses; nor am I seeking reimbursement for these expenses from insurance or any other source. I also understand that Discovery Benefits, its agents or employees, will not be held liable if I submit non-IRS eligible expenses for reimbursement.

7. ☐ Participant Refusal

I understand that if I elect not to participate, I cannot enter the program until next year unless I experience a status change in accordance with Internal Revenue Code Section 125 and submit the change within 30 days of the status change.

Employee Signature

Date

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