OBERLIN COLLEGE & CONSERVATORY | Department of Human Resources

PLAN YEAR 2026
FLEXIBLE SPENDING ACCOUNT (FSA) Dependent Care
Enrollment and Changes Form

EMPLOYEE INFORMATION

T Number (include all 0's): _____

First Name _____ Middle Initial _____ Last Name _____

Street Address _____ Apt # _____ City _____ State _____

Zip Code _____ Phone Number _____

Payroll Schedule: Monthly _____ Bi-Weekly _____

☐ Yes, I elect a new payroll benefit deduction for my Dependent Care FSA contribution amount.

☐ Yes, I elect to make a change to my Dependent Care FSA contribution amount.

DEPENDENT CARE FSA Is available to benefit eligible employees. It is a pre-tax benefit account used to pay for eligible dependent care services, such as preschool, summer day camp, before/after school programs, and child/elder daycare. It is a smart, way to save money while taking care of your loved ones so you may work.

The 2026 IRS maximum contribution amount is $7,500 per household or $3,750 if married, filing separately.

Yes, I authorize $ _____ per pay to be deducted from my paycheck.

I understand that my annual contribution amount will total: $ _____

- BI-WEEKLY pay has 26 pay periods.
- MONTHLY pay has 12 pay periods

To calculate your annual contribution amount multiply the number of pay checks you will receive prior to 12/31/2026. Example: The deduction amount starts in May. There are 8 months left in the calendar year. Multiply your monthly contributions amount by 8 to get your total annual amount.

AUTHORIZATION : Yes, I authorize Oberlin College to process my monthly contribution amount(s) on a pretax basis through payroll deduction. I understand that I may change my contribution amount and the administrator is authorized to adjust the amount of my salary reduction and benefit (if necessary) to satisfy provisions of the Internal Revenue Code or as a result of changes in premiums for benefits that are insured. My right to any benefits hereunder is subject to all terms and conditions of the plan and of any other plan through which a particular benefit is provided. Any FSA balances not used by the annual claim filing deadline will be forfeited and may not be paid to me in cash or used towards benefits in a later year.

Signature: _____ **Date:** _____

Upload form with supporting documentation to an HR submission folder. Click on the number for link

(1) Qualifying Event (2) New Hire (3) Open Enrollment