Oberlin College & Conservatory
Flexible Spending Account (FSA) enrollment form
Plan Year 2019

_____ Yes, I elect a new payroll benefit deduction for my FSA contribution amount.
_____ Yes, I elect to make a change to my FSA contribution amount.

Employee Information

Employee ID #: T _ _ _ _ _ _ _ _ -**OR**- Social Security Number: _ _ _ - _ _ - _ _ _ _

Name: (First) ____________________ (MI) ________ (Last) ____________________

Current Address: (Street) ______________________________________ (Apt #) ____

(City) ________________________ (State) ______________ (Zip Code) _ _ _ _ _

Phone: (_ _ _) ______________ Email: ______________________________

Payroll Schedule: ____ Monthly **-OR-** ____ Bi-Weekly

Date of Hire or Qualifying Event: ___ / ___ / ___ Effective Date of Coverage: ___ / ___ / ___

Healthcare FSA Account is a pre-tax benefit account used to pay for eligible medical, dental, and vision expenses. It is a smart, simple way to save money while keeping you and your family healthy and protected. The Annual 2019 IRS maximum contribution amount is $2,650. ***PLEASE NOTE:*** *If you are enrolled in a CDHP plan you are NOT eligible to elect a Health FSA.*

_____ Yes, I authorize $ ________.__ per month to be deducted from my pay.
_____ Yes, I understand that my annual contribution amount will be a total of $ ________.__

Dependent Care FSA Account 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, simple way to save money while taking care of your loved ones so you may work. The Annual 2019 IRS maximum contribution amount is $5,000.

_____ Yes, I authorize $ ________.__ per month to be deducted from my pay.
_____ Yes, I understand that my annual contribution amount will be a total of $ ________.__

To calculate your annual contribution amount multiply the number of monthly pay checks you will receive prior to 12/31/2019. (i.e., you are eligible on May 1. There are 8 months left in the calendar year. Multiply your monthly contribution amount by 8 to get your total annual amount)

Authorization Yes, I authorize Oberlin College & Conservatory to process my monthly contribution amount(s) on a pretax basis through payroll deduction. I understand that I may not change elections during the year unless I have a qualifying event. 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:** ______________