

**OBERLIN COLLEGE – PLAN YEAR 2023**  
**FLEXIBLE SPENDING ACCOUNT (FSA) ENROLLMENT 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 \_\_\_\_\_

**Healthcare FSA** - No longer available.

\_\_\_\_ 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, simple way to save money while taking care of your loved ones so you may work.

The 2023 IRS maximum contribution amount is \$5,000. (\$2,500 if married, filing separately.)

Yes, I authorize \$ \_\_\_\_\_ per month to be deducted from my paycheck.

I understand that my annual contribution amount will total: \$ \_\_\_\_\_



To calculate your annual contribution amount multiply the number of monthly pay checks you will receive prior to 12/31/2023. Example: The deduction amount starts in May. 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 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:** \_\_\_\_\_