



2024 FLEXIBLE SPENDING ACCOUNT (FSA) ENROLLMENT FORM

I hereby elect NOT to participate in the Flexible Spending Accounts

I hereby elect to participate in the Flexible Spending Accounts below:

To enroll, complete the following information, sign the form, and return it to Benefits: benefits@samford.edu.
To avoid processing delays, please complete all fields on the application and print clearly-

Employee Name: _____ Date of Hire: _____

Employee Number: _____ SSN: _____

Employee Address/City/State/Zip Code: _____

Employee Date of Birth: _____ Marital Status: _____

Employee Email: _____ Employee Phone Number: _____

EMPLOYEE'S FLEXIBLE SPENDING ACCOUNT ELECTION

Enrollment Reason (please circle one): **New Hire** / **Qualifying Life-Event: (type)** _____

FSA Election Effective Date: _____

I, the undersigned employee, apply to participate in the Healthcare and/or Dependent Care FSA Reimbursement Plan and agree with the Plan Document that with respect to, and in consideration of services to be rendered by the employee hereafter, the employee's salary will be reduced by the amount designated by the employee, such amount to be deposited to the employee's Health (medical) or Dependent Care Reimbursement Account in the Plan in equal deposits and expended according to the rules apply thereto, for the purposes and in accordance with allocations below.

HEALTHCARE FSA (out-of-pocket medical, dental, vision, eligible over-the-counter expenses for you and your tax dependents)

Maximum Election: \$3,200

Annual Election

Your Annual Election will be equally divided by the number of remaining pay periods in the calendar year.

DEPENDENT CARE FSA (out-of-pocket day care expenses)

Maximum Election: \$5,000 (Single/Married Filing Jointly)/**\$2,500** (Married Filing Separately)

Annual Election Amount

Your Annual Election will be equally divided by the number of remaining pay periods in the calendar year.

I have been advised of the provision of the Plan and understand the legal plan documents are controlling. I further recognize that I must allocate my Salary Reduction Account dollars in advance and that any dollars not used by the end of the Plan Year may be forfeited. Federal law does not permit an employee to revoke a benefit election once made for the current plan year, except as detailed in the Flexible Benefit Plan Document, and in the Summary Plan Description of the plan, both available from the employer.

Employee Signature

Date

800 Lakeshore Drive, Birmingham, AL 35229

• Phone: (205) 726-2469 • Fax: (205) 726-4027 • www.samford.edu/employee/benefits