

2019 City of Seattle Flexible Spending Accounts (FSA) Enrollment and Salary Agreement Form

NOTE: If you want to continue participation in the FSA, you must re-enroll each year during OPEN ENROLLMENT

Enrollment is easy on Employee Self-Service (ESS) at www.seattle.gov/ess. Online enrollment improves accuracy; your submission serves as your electronic signature. **Go to page 2 for ESS online instructions.**

Use this form only if you cannot access Employee Self-Service – DO NOT submit a paper copy if you enroll online in ESS

| | | | | |
|--------------------------|------------------|-------------|----------------|-----------------|
| Last Name (Please Print) | First Name | Employee No | Department | Bargaining Unit |
| Home Address - Street | City, State, Zip | | Work Telephone | |

Health Care FSA

Medical, Dental and Vision expenses not covered by your insurance plans

Dependent Care FSA

Day Care expenses for eligible dependents

| Health Care Flexible Spending Account Contribution Amount | Dependent Care (<u>Day Care</u>) Flexible Spending Account Contribution Amount |
|--|---|
| The minimum amount you can contribute is \$10 each month. (\$10 x 12 = \$120 per year) The maximum amount you can contribution is \$220.82 each month (\$220.82 x 12 = \$2,650 per year) I authorize the City to deduct \$ _____ from my salary <u>each month</u> before federal taxes are withheld. <i>(The monthly amount cannot exceed \$220.82) I understand this amount cannot be revoked or modified mid-plan year except as explained in the materials provided.</i> | The minimum amount you can contribute is \$10 each month (\$10 x 12 = \$120 per year) The maximum amount you can contribute is \$416.66 each month (\$416.66 x 12 = \$5,000 per year) I authorize the City to deduct \$ _____ from my salary <u>each month</u> before federal taxes are withheld. <i>(The monthly amount cannot exceed \$416.66) I understand this amount cannot be revoked or modified mid-plan year except as explained in the materials provided.</i> |
| Deduction Schedule | Deduction Schedule |
| I understand that the City will deduct half of my contribution from the first paycheck and half from the second paycheck each month. Note: NO deduction is taken from the third paycheck of a month | I understand that the City will deduct half of my contribution from the first paycheck and half from the second paycheck each month. Note: NO deduction is taken from the third paycheck of a month |
| This is a: <input type="checkbox"/> new enrollment <input type="checkbox"/> re-enrollment | This is a: <input type="checkbox"/> new enrollment <input type="checkbox"/> re-enrollment |

Note: This paper (*hard copy*) form is not valid unless signed on the reverse side.

Signature

My signature below indicates that I have read the enrollment form and descriptive materials, including the plan document, covering the Health Care and/or Dependent Care Flexible Spending Account programs provided by the City of Seattle. This enrollment form is binding on me and cannot be revoked or modified (other than as explained in the materials provided). I also understand that my salary will be reduced by the amount I have elected, that salary deductions occur twice a month (with no FSA deductions from the third paycheck), and that up to \$500 of unused Health Care FSA funds will carry forward to the next plan year, if it results in a minimum account size of \$120.

I also understand that this arrangement for paying eligible expenses with nontaxable dollars is intended to meet Internal Revenue Service requirements for such arrangements. If tax laws change or if this arrangement is deemed not to satisfy the requirements, I understand that the tax advantages described may not be available. I acknowledge that the City of Seattle makes no guarantee concerning the availability of any tax advantage.

Participant's Signature

Date

Please forward the completed form to the BENEFITS UNIT (benefits.unit@seattle.gov)

Online Enrollment Instructions

New Hire Enrollment:

1. **Go to Employee Self-Service:** after logging into ESS, choose the 'Benefits' tab – your New Employee Elections begins here, and the Flexible-Spending Account plan enrollment is part of the enrollment process
2. **To login to ESS, use your employee ID number and password** (if you do not know your employee number, contact your HR rep. First-time login password is your Zip Code. If you need a password reset, contact DoIT or the appropriate department contact.)
3. Benefits are listed on the left and **Health FSA and Dependent Care (day care) FSA** will come-up in the step-by-step enrollment portal. Once each appears, follow the prompts to select the monthly amount you wish to have deducted from your paycheck.
4. Be sure to **Confirm Elections** on the final screen – you will receive a confirmation of your elections from your Department's Benefits Representative.

Annual Open Enrollment (only use this option during designated Annual Open Enrollment Period):

1. **Go to Employee Self-Service:** Choose "Open Enrollment" under *Benefits*. *If this is your first time opening the benefits enrollment, review the agreement and select "I Agree".*
5. **Select either Health FSA or Dependant Care (day care) FSA**, from link on the left
 - Step 1 - Select re-enroll or enroll.**
 - Step 2 - Enter MONTHLY amount.**
 - Step 3 - Save** your changes. (*Successfully Changed* will appear on screen if changes are made.)
6. **Repeat** for Health FSA or Dependant Care FSA
7. **Select** Summary of OE Election to confirm your benefit elections.