**2022 Flexible Spending Accounts (FSA) Enrollment Form**

**Employee Information:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Last Name (Print) | First Name (Print) |
|       |       |
| Employee # | Department |

**Enrollment Status\*:** (Please check one)

|  |  |
| --- | --- |
|  **New Enrollment** |  **Re-enrollment** (Returning from Leave of Absence or mid-year Qualifying Event) |
| \*Use this form **only** if you are unable to enroll via Employee Self-Service. If you can enroll online, a paper copy will not be processed. |

**Coverage Options:**

|  |
| --- |
|  **Option 1: Health FSA** (For eligible expenses not covered by medical, dental, or vision plans) |
| **Contribution Options:*** The **minimum** annual contribution is $120 ($10 per month if enrolling for all 12 months)
* The **maximum** annual contribution is $2,750 ($229.16 per month if enrolling for all 12 months)

**Note:** If eligible to enroll mid-year, the minimum monthly contribution is $10I authorize the City to deduct $      from my paycheck **each month** before federal taxes are withheld. I understand that the City will deduct **half** of my monthly contribution from the **first paycheck** and the **half** from the **second paycheck** each month. No deductions will be taken from the third paycheck of a month. I understand amounts elected for contribution cannot be revoked or modified mid-plan year except as explained in the materials provided. |
|  **Option 2: Day Care FSA** (For day care related expenses for eligible dependents) |
| **Contribution Options:*** The **minimum** annual contribution is $120 ($10 per month if enrolling for all 12 months)
* The **maximum** annual contribution is $5,000 ($416.66 per month if enrolling for all 12 months)

**Note:** If eligible to enroll mid-year, the minimum monthly contribution is $10I authorize the City to deduct $      from my paycheck **each month** before federal taxes are withheld. I understand that the City will deduct **half** of my monthly contribution from the **first paycheck** and the **half** from the **second paycheck** each month. No deductions will be taken from the third paycheck of a month. I understand amounts elected for contribution cannot be revoked or modified mid-plan year except as explained in the materials provided. |
| **Note:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the insurance company. Penalties may include imprisonment, fines and denial of insurance benefits. |

**Acknowledgement signature required on the next page.**

**Coverage Acknowledgement:**

My signature below indicates that I have read the enrollment form and descriptive materials, including the plan document, covering the Health Care and/or Day 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 in the month), and that up to $550 of unused Heath Care FSA funds will carry forward to the next plan year, if it results in a minimum account balance of $120.

I also understand that this arrangement for paying eligible expenses with pre-tax dollars is intended to meet IRS 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.

Employee’s Signature:  Date (mm/dd/yy):

**Submit form to:**

SDHR Benefits Unit

Email: benefits.unit@seattle.gov

Questions: 206.615.1340

**Online Enrollment Instructions**

|  |
| --- |
| **New Hire Enrollment:**1. Go to Employee Self-Service (ESS): after logging in, choose the “Benefits” tab and select New Employee Enrollment. You will be guided to Flexible Spending Account plan enrollment during the enrollment process
2. To login to ESS, use your employee ID and password (first-time login password is your zip code). If you do not know your Employee ID, contact your HR Representative. If you need your password reset, contact Seattle IT.
3. Benefits are listed on the left and Health FSA and Day Care FSA are near the bottom of the list. Once you get to the FSA plans, follow the prompts to select your monthly elections for each.
4. Be sure to click Confirm Enrollment on the final screen. You will receive a confirmation of your elections from the Benefits Unit.
 |
| **Annual Open Enrollment:**1. **Log on to Employee Self-Service.** Choose the Benefits tab and select Open Enrollment. If this is your first time opening the benefits enrollment, review the agreement and select “I Agree”.
2. **Select** either FSA Health or FSA Day Care from link on the left and follow the steps below.

**Step A:** Click the toggle icon after the wording, “Select to change FSA Heath (or Day Care) Coverage”**Step B:** Select Action: Add/Apply for New Coverage**Step C:** Enter your monthly coverage amount**Step D:** Click on the Save Changes button (a message will appear stating election has been saved)**Step E:** Repeat if enrolling in both FSA benefit programs1. Select **Summary** from link on the left side and at the top right click on “Print this page” for your records
 |