**2020 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](http://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 are unable to enroll via Employee Self-Service | DO NOT submit a paper copy if you enroll online in ESS**

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

**Health Care FSA**  **Dependent Care FSA**

*(Eligible expenses not covered by medical, dental or vision plan)* *(Daycare*-*related expenses for eligible dependents)*

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| --- | --- |
| **Health Care Flexible Spending Account** | **Dependent Care** *(daycare)* **Flexible Spending Account** |
| **Contribution Amount** | **Contribution Amount** |
| For the 2020 Plan Year, the maximum contribution is $2,700  ***($225 per month if enrolling for all 12 months)***    I authorize the City to deduct $  from my salary **each month** before federal taxes are withheld | For the 2020 Plan Year, the maximum contribution is $5,000  ***($416.66 per month if enrolling for all 12 months)***  I authorize the City to deduct $  from my salary **each month** before federal taxes are withheld |
| **The minimum contribution is $120 annually if enrolling for all 12 months at the beginning of the plan year**  If eligible to enroll mid-year, the minimum contribution is $10 per month | |
| **Deduction Schedule** | |
| I understand that the City will deduct **half** of my monthly 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 amounts elected for contribution cannot be revoked or modified mid-plan year except as explained in the materials provided | |
| This is:  new enrollment  re-enrollment | |
| **Note: This paper** *(hard copy)* **form is not valid unless signed on the reverse side** | |

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| --- | --- |
| |  | | --- | | **Signature Required Below** |   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 a third paycheck in the month),* 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 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.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| |  |  |  | | --- | --- | --- | | **Participant’s Signature** |  | **Date** |   **🡪 Please forward the completed form to the SDHR BENEFITS UNIT** [**benefits.unit@seattle.gov**](mailto: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”*.
2. **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.)

1. **Repeat** for Health FSA *or* Dependant Care FSA
2. **Select** Summary of OE Election to confirm your benefit elections and Print Summary for your records.