



## **FLEXIBLE SPENDING ACCOUNT (FSA) ELECTION FORM**

### **Plan Year 2022 (July 1, 2022 – June 30, 2023)**

**All Forms are due by Monday, April 25, 2022.**

***Please see our FAQ on the Dover SD website under Staff Resources for more information on Flexible Spending Accounts.***

Name: \_\_\_\_\_ SS# XXX-XX-- \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **Health Care FSA Election (\$2850 max for 12-month period):**

I elect to contribute a total of \$ \_\_\_\_\_ for the plan year to the **Health Care FSA** Plan, which will be deducted from my paycheck in equal installments from my July 1, 2022 through June 30, 2023.

*\* You may contact Heather Thomas if you would like assistance in calculating your per pay amount based on your total plan year election.*

### **Dependent Care FSA Election (\$5000 max for 12-month period):**

*\*\*Reminder: Your dependent care FSA helps you pay for expenses incurred to care for children or other individuals while you work.*

I elect to contribute a total of \$ \_\_\_\_\_ for the plan year to the **Dependent Care FSA** Plan, which will be deducted from my paycheck in equal installments from July 1, 2022 through June 30, 2023.

*\* You may contact Heather Thomas if you would like assistance in calculating your per pay amount based on your total plan year election.*

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Please complete the back



**Dependents Covered by the either the Healthcare FSA or Dependent Care FSA Plan:**  
(use additional page (if applicable) to list all additional eligible dependents)

Name	Relationship to Employee	Date of Birth

I understand that:

- I cannot change or revoke this election during the Plan Year unless I have a change in family status (divorce, marriage, death, birth or adoption of a child) or some other event occurs pursuant to which the Employer permits a change in election.
- Prior to the first day of each subsequent Plan Year, I will be offered the opportunity to re-enroll.
- I understand that salary reductions may not be carried over into future Plan Years.
- The Employer may reduce or change this Agreement if necessary to satisfy provisions of the Internal Revenue Code.

***THIS AGREEMENT IS SUBJECT TO THE TERMS OF THE EMPLOYER'S HEALTH CARE FLEXIBLE BENEFIT PLAN AS AMENDED FROM TIME TO TIME AND SHALL BE GOVERNED BY APPLICABLE LAWS.***

I have read and agree to the terms and conditions shown above and agree to the salary reductions described above.

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Employee's Signature

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Date

Any person who knowingly and with intent to defraud any insurance company or other person; files an application for insurance or statement of claim containing any materially false information; or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.