

Baldwin-Whitehall School District

FSA Medical and FSA Dependent Care

July 1, 2021 through June 30, 2022

Consumer Profile

First Name:	<input type="text"/>	Phone No:	<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work
Middle Initial:	<input type="text"/>	Phone No:	(<input type="text"/>) - <input type="text"/>
Last Name:	<input type="text"/>	Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Social Security No:	<input type="text"/>	Gender:	<input type="radio"/> Male <input type="radio"/> Female
Email Address:	<input type="text"/>	Marital Status:	<input type="radio"/> Married <input type="radio"/> Single
Address Line:	<input type="text"/>	Date of Hire:	<input type="text"/> / <input type="text"/> / <input type="text"/>
City:	<input type="text"/>	Effective Date:	07/01/2020
State:	<input type="text"/>	Payroll Frequency:	<input type="radio"/> Week <input type="radio"/> Bi-Week <input type="radio"/> Semi-Mo <input type="radio"/> Month
Zip:	<input type="text"/>	Division:	n/a

Dependent(s) Profile

First, Last Name:	<input type="text"/>	Relationship:	<input type="radio"/> Spouse <input type="radio"/> Dependent
Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Full Time Student:	<input type="radio"/> Yes <input type="radio"/> No
First, Last Name:	<input type="text"/>	Relationship:	<input type="radio"/> Spouse <input type="radio"/> Dependent
Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Full Time Student:	<input type="radio"/> Yes <input type="radio"/> No
First, Last Name:	<input type="text"/>	Relationship:	<input type="radio"/> Spouse <input type="radio"/> Dependent
Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Full Time Student:	<input type="radio"/> Yes <input type="radio"/> No

Enrollment

By this signed enrollment form, I hereby request that my pay be reduced throughout the plan year per my elected amount below.

FSA Medical: Maximum Annual Election - \$2,750 (Min - \$120)	Per Pay Amount	\$ <input type="text"/>	Annual Election:	\$ <input type="text"/>
FSA Dependent Care Maximum Annual Election - \$5,000	Per Pay Amount	\$ <input type="text"/>	Annual Election:	\$ <input type="text"/>

Debit Card

You will be receiving two debit cards with the consumer's name embossed on both for you and your eligible dependents to use to pay for eligible expenses. By this signed enrollment form, I hereby understand that the debit card is a payment convenience only, and I agree to submit itemized statements and/or Explanation of Benefits to provide proof of expense eligibility as requested by Corporate Coverage TPA. Please check the expiration date if you already have the VISA debit cards.

Reimbursement

Please provide banking information for direct deposit of reimbursement funds. If available, please attached a voided check. If a voided check is not available, please complete the following.

Bank Name:	<input type="text"/>	Routing Number:	<input type="text"/>
Account Type:	<input type="radio"/> Checking <input type="radio"/> Savings	Account Number:	<input type="text"/>

Authorization and Request for Coverage

I hereby request to enroll in the Benefit Plan(s) for which I am eligible under the plan created by the above Plan Sponsor, (1) affirm that I will abide by the provisions set forth in the How it Works, Summary Plan Description and Plan Document, and (2) certify the above information to be true and correct to the best of my knowledge and that dependents listed above are my legal dependents. I further understand that I may not revoke or change my participation in this plan until the next plan anniversary unless I experience a change in my family status or a change in my or my spouse's employment status.

Signature:	X <input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
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SIGN HERE ONLY IF YOU DECLINE TO PARTICIPATE IN THE FLEXIBLE SPENDING ACCOUNT.

Signature:	X <input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
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