EBS-RMSCO, Inc.
Employee Benefit Solutions

Flexible Spending Account Enrollment Form

For: ❑ Open Enrollment; Effective Date: _____ or ❑ New Hire

Employer Name

Participant First Name | MI | Last Name

Address

City | State | Zip Code

Date of Hire | Gender | Date of Birth

Email Address

Social Security Number (include dashes)/Employee ID | Phone Number

FSA Benefit Election	Per Pay Period Amount	Total Annual Amount	# pays per year
❑ Health Care Election-Standard	$.	$.	
❑ Health Care Election-Limited	$.	$.	
❑ Dependent Care Election	$.	$.	

Carrier Information

Check the boxes if you are enrolled in any of these benefits through your employer. ❑ Medical; ❑ Dental; ❑ Vision; ❑ Rx

Spouse / Dependent Information (Check this box ❑ if attaching additional page) ***See Rules on Page 2***

❑ I do not have a spouse or any dependents, and therefore, I do not have to complete this section.

Name	Social Security #	Date of Birth	Gender	Relationship

Direct Deposit Election (Complete this section if you want Direct Deposit)

Type of Account (Check only one) ❑ Checking ❑ Savings

Name of Bank:

Transit ABA Routing # | Account #

Participant Certification—Return signed form to your Employer

By signing below, I agree to participate in my employer's pre-tax program and certify I understand and will comply with the regulations governing such Plan. I understand the basic provisions provided on page 2 of this form are guidelines only and that my Plan's Summary Plan Description prevails.

Participant Signature: _____ Date: _____

To Be Completed by the Employer

- Notify Payroll of deduction amount and date
- Keep copy of Enrollment Form for your records
- Forward copy of Enrollment Form to EBS-RMSCO
- During Open Enrollment, consider reporting Employer funded money in a file to EBS-RMSCO

Indicate First Payroll Deduction Date: _____

This Plan has employer funded money: ❑ Yes; ❑ No. If Yes, please complete:

ER Money:	Payroll Based?	Annual Amount
❑ Health Care	❑ Yes ❑ No	$
❑ Dependent Care	❑ Yes ❑ No	$

Direct Deposit:

Direct Deposit sends claim reimbursement payments directly to your personal bank account. Direct deposit notification statements will be emailed to you with the details of the reimbursement. If you provide incorrect information and corrective transactions are required, your account will be charged a $25 processing fee. Direct deposit transactions are not subject to the typically imposed $30 check minimum.

Things to Consider Upon Enrollment:

- Your FSA account refers to the combined health care and dependent care components.
- By enrolling in the FSA program, you agree to have your compensation reduced by the amount elected.
- Your election applies to this Plan year only. To continue in the Plan, you must re-enroll each year.
- Annual health care elections are available for reimbursement in full on the first day of the Plan year.
- Dependent care elections are available for reimbursement based on current balance.
- FSA accounts are tracked separately and cannot be combined. These elections are in addition to any premiums you pay on a pre-tax basis for employer sponsored health insurance.
- The dependent care account pays for daycare services needed for a qualifying dependent while you work. A qualifying dependent is a child under age 13 who is claimed as a dependent on your federal income tax return (special rules apply for divorced parents), a disabled spouse, and any other dependent on your tax return who resides in your home and is physically or mentally disabled.
- You may file claims for reimbursement from your FSA accounts for qualified expenses incurred during the Plan year and after becoming a participant. Any amounts remaining in your FSA account after the end of the Plan's run-out period will be forfeited.
- You will pay the Employer for any tax liability or penalties it incurs if you are reimbursed for an expense that is not a qualified expense, unless you repay the amount or off-set that amount with additional eligible claims within the same Plan year.
- You cannot change the amount of your FSA contributions or pre-tax health insurance premiums, unless you have a qualifying "life change" event as defined in the Plan and satisfy any other conditions for changes contained in the Plan and tax law.
- Your FSA contributions will terminate when your employment terminates. You must check with your Employer to determine if you can elect to continue your health care contributions on an after-tax basis, as allowed under COBRA.
- Your employer may change the amount of your FSA elections if necessary to satisfy tax law requirements.
- You understand that you must provide acceptable documentation for every claim you submit, including One Card purchases upon request.
- EBS-RMSCO, Inc. is not responsible for retaining copies of your receipts beyond the current Plan year.

Impact of the Defense of Marriage Act

- Flexible Spending Accounts and Health Reimbursement Accounts are subject to Federal Law which generally supersedes state law.
- The Defense of Marriage Act is a Federal Law which defines marriage as being a union only between a man and a woman.
- The recent passage of the Marriage Equality Act in New York and similar laws in other states has no bearing on the determination of who is a spouse for purposes of Flexible Spending Accounts and Health Reimbursement Accounts.
- Only spouses (as defined under the Defense of Marriage Act) and dependents for Federal Tax purposes are eligible for tax-free Flexible Spending Accounts and Health Reimbursement Accounts benefits.