



## 2020 Flexible Spending Account Application

*Office Use Only:*

Employee Name (Last, First) <i>Please print</i>	Banner ID	Access ID	Date of Birth
Street Address	City	State	Zip Code
Date of Hire	Work Phone	Home Phone	Email

Check one:  12-Month Employee  9-Month Deferred Employee  9-Month Employee  New Hire  Open Enrollment

	<b>Health Care Reimbursement Account</b>	<b>Dependent Care Reimbursement Account</b>
	Allows you and your eligible dependents to save tax dollars on health care expenses.	Allows you to save tax dollars on dependent day care expenses.
Minimum Annual Election	\$130	\$208
Maximum Annual Election	\$2,700	The lesser of: <ul style="list-style-type: none"> <li><b>\$5,000</b> for married individuals filing a joint return or for unmarried individuals.</li> <li><b>\$2,500</b> for married individuals filing separately.</li> <li>Your earned income.</li> <li>Your spouse's earned income.</li> </ul>
Your Annual Election	\$	\$

- Please note: "Health Care Reimbursement Account" is referred to as "Medical FSA" and "Dependent Care Reimbursement Account" is referred to as "Dependent Care FSA" by Discovery Benefits.
- I authorize my employer to reduce my pay on a per-pay-period basis for the annual amount elected. I understand my reduction is for one flexible spending plan year and that I cannot change or revoke my election unless I experience a qualifying Life Status Change Event as defined by Internal Revenue Code Section 125 and submit my request within 30 days of that event.
- I am aware of the plan's forfeiture provision and that any amount remaining in my account beyond the defined deadline I will lose.
- I understand that Social Security and Medicare taxes are not being withheld on the amount of the reduction under this election.
- If my employment terminates, only medical expenses incurred through my period of coverage as defined in the Plan can be considered for reimbursement.
- When using the debit card, I agree to use the card for eligible expenses only and will submit all itemized receipts.
- Further, I authorize the release of any information necessary to substantiate claims submitted against my Flexible Spending Account.

Employee Signature	Date