

FSA Enrollment Form 2018



EMPLOYER NAME:

1 Employee Information - Please print clearly				
FIRST NAME		LAST NAME		SOCIAL SECURITY NUMBER
MAILING ADDRESS			CITY	STATE ZIP CODE
DATE OF BIRTH	DAYTIME PHONE NUMBER	E-MAIL ADDRESS (Required)		
2 Make Your Elections - Enter your election for each account.				
Medical FSA <input type="checkbox"/> I elect to participate in the Medical FSA (not to exceed employer limit of \$2,650): \$_____ per pay x _____ (# of pays in plan year) = \$_____ <i>Your annual election will be deducted from your pay in equal installments throughout the plan year.</i> <input type="checkbox"/> Check if this Medical Reimbursement Account a Limited Purpose Account (for Dental/Vision only, due to HSA participation)?		Dependent Care FSA <input type="checkbox"/> I elect to participate in the Dependent Care FSA. The amount I elect for the PLAN YEAR is (maximum \$5,000): \$_____ per pay x _____ (# of pays in plan year) = \$_____ <i>Your annual election will be deducted from your pay in equal installments throughout the plan year.</i>		
3 NEW: Your plan includes TWO initial Debit Cards at no cost to you. Debit cards are good for 3 years and are reloadable. The second Debit Card may be given to your Spouse or Adult Dependent to use, if applicable.				
4 Direct Deposit Authorization – Complete the banking information if you wish to establish direct deposit with BASIC pacific for your non-debit card reimbursements (or change your current direct deposit banking information on file).				
<p>By completing the banking information below, I hereby authorize BASIC pacific to deposit all non-debit card reimbursements directly into my personal bank account at the financial institution named below. I understand that I may cancel this authorization at any time by notifying BASIC pacific in writing. I further understand that I am responsible to notify BASIC pacific if, for any reason, my bank account information changes. If I do not sign up for Direct Deposit, I understand all non-debit card reimbursements will be paid to me by check.</p> <p>Please Note: If you previously signed up for Direct Deposit with BASIC pacific, you will continue to be reimbursed for non-debit card expenses via direct deposit. If you wish to cancel your banking of record, please write CANCEL on the line below.</p> <p>_____ Checking <input type="checkbox"/> Savings <input type="checkbox"/></p> <p>Name of DEPOSITORY (Name of Financial Institution)</p> <p>Bank Routing Number _____ Account Number _____</p>				
5 By checking the box below, you are agreeing to the terms and conditions printed on the back of this form				
<input type="checkbox"/> I certify that I have read and agree to all the “Terms & Conditions for Participation in the Flexible Benefit Plan” printed on the back of this Election Form. I hereby authorize my employer to deduct the amounts listed above from my compensation.				
EMPLOYEE SIGNATURE: _____		DATE: ____ / ____ / ____		
6 To be completed by Employer				
AUTHORIZED ER SIGNATURE	Add Pay cycle and/or Division Name (if applicable)	BENEFITS EFFECTIVE DATE (May not precede date employee signs)	DATE OF HIRE	DATE OF 1 ST PAYROLL DEDUCTION
