



**FSA Election Form**  
Employer Flexible HR  
Attn: Benefits  
Toll Free: 888-983-5880  
Fax: 281-598-7541  
[benefits@employerflexible.com](mailto:benefits@employerflexible.com)

<b>Company Name:</b>		
<b>Employee Name:</b>	<b>Date of Birth:</b> / /	<b>Social Security Number:</b> - -
<b>Address where FSA Card or Reimbursements Will be Sent: Address, City, State, Zip</b>		
<b>Email Address:</b>	<b>Phone Number:</b>	

*To be enrolled for the current plan year, we must receive this election form prior to your benefits effective date.*

For a more information, including a comprehensive list of FSA eligible expenses, visit:  
[www.wageworks.com/employees/benefits/healthcare-flexible-spending-accounts-fsa/](http://www.wageworks.com/employees/benefits/healthcare-flexible-spending-accounts-fsa/)

**I want to enroll in a Healthcare Flexible Spending Account (FSA)**

☐ Annual Contribution Amount: \$\_\_\_\_\_ (Max Contribution = \$2,600)

- Covers medical, dental, vision and pharmacy expenses.
- You will receive a WageWorks Visa debit card with this election.
- Makes you **ineligible** to contribute to an HSA (Health Savings Account).

☐ **I want to enroll in a Limited Purpose Flexible Spending Account (LPFSA)**  
Also known as "HSA-Compatible FSA"

Annual Contribution Amount: \$\_\_\_\_\_ (Max Contribution = \$2,600)

- Covers dental and vision expenses only.
- You will receive a WageWorks Visa debit card with this election.
- Makes you eligible to take advantage of both an FSA and HSA.

☐ **I want to enroll in a Dependent Care Assistance Plan (DCAP)**

Annual Contribution Amount: \$\_\_\_\_\_ (Max Contribution = \$5,000)

- Covers child care expenses.
- You must submit receipts for reimbursement or set up WageWorks online "Pay My Provider" payments.
- Does not disqualify you from participating in an FSA, LPFSA or HSA.
- For more info, visit: [www.wageworks.com/employees/benefits/dependent-care-flexible-spending-account-fsa](http://www.wageworks.com/employees/benefits/dependent-care-flexible-spending-account-fsa)

**Employee Signature**

**Date**

I authorize Employer Flexible HR, herein referred to as Employer / Company, to initiate deductions from my paycheck to make credit entries (deposits) to my accounts. I understand that it is my responsibility to verify funds deposited into my designated account(s) prior to performing transactions with expected funds.