



# FLEXIBLE SPENDING ACCOUNT

## ENROLLMENT FORM

<b>Company Name:</b> _____			
<b>Name:</b> _____		<b>Social Security Number:</b> _____	
<b>Address:</b> _____		<b>City:</b> _____	<b>State:</b> _____
<b>Date of Birth:</b> _____		<b>Gender:</b> _____	<b>Phone Number:</b> _____
<b>Effective Date:</b> _____		<b>Email Address:</b> _____	
<b>Pay Period: (Check the box which indicates the frequency of your paychecks)</b>			
<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Monthly
<input type="checkbox"/> <b>Flexible Spending</b>	<input type="checkbox"/> <b>Limited Purpose FSA</b>	<b>Dependent Care Annual Election*</b>	
\$ _____ (\$3,050 annual maximum)		\$ _____ (\$5,000 maximum if filing jointly or \$2,500 maximum if filing separately)	
<b>Transit Monthly Election</b>		<b>Parking Monthly Election</b>	
\$ _____ (\$300 maximum per month)		\$ _____ (\$300 maximum per month)	
<b>Please choose one of the following:</b>			
<input type="checkbox"/> I want to participate in the "WEX Health Card" prepaid FSA debit card program.			
<input type="checkbox"/> I decline to participate in our Flexible Spending Account (FSA).			
I hereby authorize my election(s) and pre-tax salary contribution(s) for the account(s) designated above for the plan year and understand my pay will be reduced by the elected amount. I understand that this election is an annual election and cannot be changed during the plan year except in the case of a qualifying change in status. I understand that any unused balance in either account at the end of the plan year is subject to forfeiture (including the incurred claims Grace Period, if applicable) shall be forfeited.			
<b>Employee Signature:</b> _____		<b>Date:</b> _____	
<b>Employer Use Only</b>	1. Effective Date _____ & Date of first FSA salary deferral deduction _____		
	2. Per pay period amount (annual election divided by the number of remaining pay periods) \$ _____		
	3. Number of FSA salary deferral deductions _____		
*Dependent Care spending accounts are not medical spending accounts for a participant's spouse or children. This election is for daycare (baby-sitting) of children or elderly dependents.			