



# Flexible Spending Accounts Election Form

For the September 1, 2009 through August 31, 2010 Plan Year

Open Enrollment     Change in Status     New Hire

## Print Your Name

Last

First

Middle Initial

## Address

City

State

Zip Code

## Your Social Security #

### Health Care Flexible Spending Account

Each participant is entitled to receive reimbursement for eligible health care expenses incurred during the plan year. To be eligible for reimbursement, these expenses must be for care provided to the participant, his/her spouse, and dependents. Expenses cannot be covered by medical, dental or other health plans and must be eligible expenses as determined by the Internal Revenue Service.

I request to open a health care flexible spending account in the amounts that follow:

**Bi-Weekly Deduction** \$ \_\_\_\_\_ .00 (Minimum= \$5, Maximum= \$200 in whole dollars)

**Annual Election** \$ \_\_\_\_\_ .00 (Minimum= \$100, Maximum= \$4,000 in whole dollars)

Note: There are only 20 payroll deductions for benefits during the Plan Year. If you are enrolling outside of the beginning of the Plan Year, contact the Office of Payroll to determine how many pay periods remain.

I hereby authorize Baltimore County Public Schools (BCPS), its proper officers, agents and employees to reduce my salary as indicated above. I understand that this election will remain in effect until the last day of the plan year. I further understand that I may not make a change to this request unless there is a change in my family status and that the Office of Employee Benefits must be notified within 30 days of the change. Monies cannot be transferred to the dependent care flexible spending account. **Monies remaining in the account 90 days after the end of the plan year cannot be refunded.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Dependent Care Flexible Spending Account

Each participant is entitled to receive reimbursement for eligible expenses for household services, dependent's child care and/or adult day care required for the participant to be gainfully employed. A qualifying dependent is generally a child under age 13 (claimed on the participant's federal income tax form) or other dependents, such as parents, spouse, or older children who are unable to care for themselves, require full-time care, and are claimed by the participant for federal income tax purposes.

I request to open a dependent care flexible spending account in the amounts that follow:

**Bi-Weekly Deduction** \$ \_\_\_\_\_ .00 (Minimum= \$5, Maximum= \$250 in whole dollars)

**Annual Election** \$ \_\_\_\_\_ .00 (Minimum= \$100, Maximum= \$5,000 in whole dollars)

Note: There are only 20 payroll deductions for benefits during the Plan Year. If you are enrolling outside of the beginning of the Plan Year, contact the Office of Payroll to determine how many pay periods remain.

I hereby authorize Baltimore County Public Schools (BCPS), its proper officers, agents and employees to reduce my salary as indicated above. I understand that this election will remain in effect until the last day of the plan year. I further understand that I may not make a change to this request unless there is a change in my family status and that the Office of Employee Benefits must be notified within 30 days of the change. Monies cannot be transferred to the health care flexible spending account. **Monies remaining in the account 90 days after the end of the plan year cannot be refunded.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit completed form to: Baltimore County Public Schools, Office of Employee Benefits, 1946 Greenspring Drive, Suite N, Timonium, MD 21093 or fax to: (410) 887-8950 (Retain a copy for your records.)**