



Flexible Spending Accounts Election Form

For the January 1, 2012 through December 31, 2012 Plan Year

Open Enrollment Change in Status New Hire

Print Your Name

Last

First

Middle Initial

Your Social Security #:

Date of Birth:

Email Address (work or personal):

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. 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.

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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)

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 Benefits, Leaves and Retirements 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.

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.

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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)

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 Benefits, Leaves and Retirements 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 Benefits, Leaves and Retirements,
1946 Greenspring Drive, Suite N, Timonium, MD 21093 or fax to: (410) 887-8950 (Retain a copy for your records.)**