



Flexible Spending Account Enrollment Form

Step 1: Participant Information

*=Required Fields

<input style="width:95%;" type="text" value="GLENVIEW SCHOOL DISTRICT 34"/> *Employer Name (Do not abbreviate)	<input style="width:95%;" type="text" value="N/A"/> *Employee ID Number
<input style="width:95%;" type="text"/> *Participant Name (First, MI, Last)	<input style="width:20%; text-align: center;" type="text"/> - <input style="width:20%; text-align: center;" type="text"/> - <input style="width:60%;" type="text"/> *Social Security Number
<input style="width:95%;" type="text"/> *Participant Mailing Address	<input style="width:95%;" type="text"/> Email Address (If provided, all notifications will be sent via e-mail)
<input style="width:20%; text-align: center;" type="text"/> - <input style="width:20%; text-align: center;" type="text"/> - <input style="width:60%;" type="text"/> *City	<input style="width:20%; text-align: center;" type="text"/> <input style="width:60%;" type="text"/> *State *Zip
<input style="width:20%; text-align: center;" type="text"/> - <input style="width:20%; text-align: center;" type="text"/> - <input style="width:60%;" type="text"/> Day Telephone	<input style="width:40%;" type="text"/> <input style="width:40%;" type="text"/> *Birth Date (mm/dd/yyyy) *Hire Date (mm/dd/yyyy)
*Pay Frequency (Please circle one): Monthly / Semi-Monthly / Bi-Weekly (24) / Bi-Weekly (26) / Weekly / Other	
Gender (Please circle one): Male/Female	
Marital Status (Please circle one): Married/Single	

Step 2: Employee Premiums

If you have a payroll deduction for insurance premiums, eligible premiums will be deducted before taxes are calculated. You will be automatically enrolled in this portion of your Section 125 Plan; however, if you wish, you may opt out of the Employee Premium Conversion part of the Plan by contacting your HR Department and filling out the waiver form. *Please Note: Insurance premiums are not eligible for reimbursement with your Medical or Limited Medical Spending Account.

Step 3: Enrollment and Election Information

*Enrollment Type (Please circle one):	Open Enrollment Period / New Hire																		
*Annual Election	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%; text-align: center;">Medical Spending Account <i>Limit set by employer</i></th> <th style="width:33%; text-align: center;">Dependent Care Account <i>Limit set by employer up to IRS maximum</i></th> <th style="width:33%; text-align: center;">Limited FSA <i>(If applicable)</i></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">÷ 24</td> <td style="text-align: center;">24</td> <td style="text-align: center;">24</td> </tr> <tr> <td style="text-align: center;">=</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">01/15/2025</td> <td style="text-align: center;">01/15/2025</td> <td style="text-align: center;">01/15/2025</td> </tr> <tr> <td style="text-align: center;">01/01/2025</td> <td style="text-align: center;">01/01/2025</td> <td style="text-align: center;">01/01/2025</td> </tr> </tbody> </table>	Medical Spending Account <i>Limit set by employer</i>	Dependent Care Account <i>Limit set by employer up to IRS maximum</i>	Limited FSA <i>(If applicable)</i>	\$			÷ 24	24	24	=			01/15/2025	01/15/2025	01/15/2025	01/01/2025	01/01/2025	01/01/2025
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*Number of Pay Periods (Note: If enrolling mid-year, please enter the number of remaining pay periods within the plan year)																			
*Per Pay Period Amount (To be deducted each pay period)																			
*Date of First Payroll (mm/dd/yyyy)																			
*Participant Effective Date (mm/dd/yyyy)																			

Step 4: Optional Services

Please select only one. Check with your employer as to which services your plan offers.

<input type="checkbox"/>	Debit Card	A debit card pays directly from your Flexible Spending Account at the point of sale. Itemized receipts are required for all transactions that are not auto-substantiated at the point of sale.
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Step 5: Authorization or Refusal

*Please select only one.

<input type="checkbox"/>	Participant Authorization I authorize my employer to reduce my pay on a per-pay-period basis as indicated above. I understand my reduction is for one flex plan year and that I cannot change or revoke my election unless I experience a qualifying event in accordance with Internal Revenue Code Section 125 and submit my request within a reasonable amount of time as deemed by the IRS and my employer. I am aware of the plan's forfeiture provision and that my Social Security and federal unemployment benefits may be reduced because of my reduced salary for tax purposes. Further, I authorize the release of any information necessary to substantiate claims submitted against my Flexible Spending Account.
<input type="checkbox"/>	Participant Refusal I do not want to participate. I understand that by refusing to participate, I will be unable to enroll this plan year unless I experience a qualifying event in accordance with Internal Revenue Code Section 125 and submit the change within a reasonable amount of time as deemed by the IRS and my employer.

<input style="width:95%;" type="text"/> *Employer Signature (Not required during open enrollment)	<input style="width:95%;" type="text"/> *Date
<input style="width:95%;" type="text"/> *Participant Signature	<input style="width:95%;" type="text"/> *Date