

Employee Flexible Spending Accounts Application



Participation in the Flexible Spending Account plans require annual enrollment.

Elections DO NOT automatically carry over year-to-year.



Homewood-Flossmoor
Community High School District 233

Employee Information

Reason for Enrollment:

New Hire Open Enrollment Special Enrollment (Qualifying Event Reason: _____)

Effective Date _____

Name (Last) _____ (First) _____ (MI) _____

Mailing Address _____ Apt# _____

City _____ State _____ Zip _____

Home (or Cell) Number _____ Email _____

Social Security Number _____ Date of Birth _____ Male

Marital Status Married Single Civil Union Domestic Partner Female

Date of Hire _____ Hours/Week _____

Job Title/Occupation _____

Dependent Information: (Complete if you will be filing a dependent claim)

Dependents Name	Sex	Relationship	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Flexible Spending Account — Discovery Benefits

Effective date of hire (Unless Qualifying Event or Open Enrollment)

		Elected Annual Benefit Amount
		070000
Health Care: (Maximum \$3,050)*	<input type="checkbox"/> Elect <input type="checkbox"/> Waive	\$ _____
<i>*Up to \$610 can rollover into the next plan year.</i>		
Dependent Care: (Maximum \$5,000)	<input type="checkbox"/> Elect <input type="checkbox"/> Waive	\$ _____
<i>Any unused funds at the end of the year are forfeited.</i>		

Signature

Authorization:

I certify the above information to be correct and true to the best of my knowledge and that the dependents listed above either reside with me in a parent-child relationship or are legally dependent on me for more than half of their support. I understand that the Flexible Benefits Plan election is for a one year period and may not be changed unless a change in family status occurs as defined by IRS regulation.

A copy of this form will be as valid as the original.

Employee Signature _____ Date Signed _____