FlexSystem™

TASC™

Flexible Spending Account Enrollment Form
Program runs July 1, 2016 through June 30, 2017

Client TASC ID: 4502-4888-8184

CITY OF TAUNTON
Human Resources Department
141 Oak Street
Taunton, MA 02780
508-821-1060

Every line must be completed. Please enter zero (0) on the lines where no amount is being deducted. Make sure to sign and date the enrollment form. Return the completed and signed form to your employer.

Forms must be returned to HR by April 25th

PAYROLL GROUP: ☐ **52wk. Government** ☐ **52wk. TMLP**

Participant Information:

Full Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Telephone # _____

Benefit	**Maximum Allowed**	**Plan Year Election Amount**
	[ONLY 50 DEDUCTIONS WILL BE MADE]	
Medical (Out-of-Pocket) Expenses	$ 2,550.00	$ _____
Dependent Care Expenses	$ 5,000.00	$ _____

AUTHORIZATION: I certify the above information to be true to the best of my knowledge and that the children for whom I will be claiming dependent or child care expenses either reside with me in a parent-child relationship or are legally dependent on me for their support. I agree to have my compensation reduced by the deductible amount(s) stated above. I understand that any amounts remaining in my account(s) not used for qualified expenses incurred during the plan year will be forfeited in accordance with current plan provisions and tax laws. I further understand that the Flexible Spending Amount will be in effect for the entire plan year and cannot be revoked except as permitted by federal law. I understand that my share of eligible group premium(s) automatically will be deducted before taxes. I also understand, that if I do not wish to take advantage of having my eligible insurance contributions deducted pre-tax and prefer to be taxed on these dollars, I will contact my payroll department.

Authorized Signature _____ Date: _____

Enrollment Form Instructions:

Medical (Out-of-Pocket) Expenses: This amount is usually paid toward deductible and co-insurance portions of health insurance, dental expenses, orthodontic expenses, eye care and other miscellaneous health care expenses per year. After determining the per payroll amount, multiply that number by the number of payrolls to determine your annual election.

Dependent Care Expenses: Amount paid for day care expenses per year. The maximum allowable amount under IRS regulations is $5,000 per calendar year per family; $2,550 per calendar year for married individuals filing single. This limit is regardless of the number of dependents you may have.

The information in this communication is confidential and may only be used by the authorized recipient for its intended purpose. Any other use or disclosure is prohibited.