

Clermont Board of County Commissioners 2011 FSA Enrollment Form



 You will be making elections for the **January 1, 2011** through **December 31, 2011** Plan Year. After completing this form, please sign, date, and return it to **Yvonne Smith in HR** on or before the end of your enrollment period.

EMPLOYEE INFORMATION		
First Name	Home Phone () -	
Last Name	Work Phone () -	
SSN	Email Address	
Street Address		Apt#
City	State	ZIP
Pay Frequency (Select One) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> BI-Weekly <input type="checkbox"/> Other _____		
Plan Type (Select One) <i>Section Does Not Apply</i>		Division Name (if applicable)

PLAN ELECTION DESCRIPTIONS	SELECT ELECTION(S) & AMOUNT(S)	
Healthcare – Flexible Spending Account (FSA) Out-of-pocket medical, dental, and vision expenses. Contribute up to \$5,000 for the plan year. (Min \$0)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Annual Election \$ _____
Dependent Care – Flexible Spending Account (FSA) Child and/or adult daycare expenses. If married filing jointly or single – Contribute up to \$5,000 for the plan year. If married filing separately – Contribute up to \$2,500 for the plan year. (Min \$0)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Annual Election \$ _____

EMPLOYEE AUTHORIZATION		
I hereby authorize my employer to deduct from my salary (if applicable), or other compensation, the required contributions for the amounts I have elected above. I agree to comply with the terms and conditions of the plan. I have received and read all the authorizations & acknowledgements provided by Chard Snyder for each plan elected above on the back side of this form. I also acknowledge the receipt of the HIPAA Privacy Notice provided at open enrollment and/or provided on the Chard Snyder website (www.chard-snyder.com).		
Signature	Date / /	

CLIENT USE ONLY (MUST BE COMPLETED BY HR FOR NEW HIRES)		
Employee Effective Date / /	1 st Contribution Date / /	Initials

EMPLOYEE ACKNOWLEDGEMENT & AUTHORIZATIONS (SEE BELOW)

All sections may not apply. Each section is only applicable if you are electing to participate.

FSA - ACKNOWLEDGEMENT & AUTHORIZATION:

I understand that:

- I am enrolling in a qualified plan and a description of the plan has been made available to me. I must use the funds I have elected to set aside in my reimbursement account(s) by the end of the Plan Year (as shown above) and submit my claims by the end of the Plan Year or the funds will be forfeited.
- I cannot change my mind once the Plan Year begins; my elections must remain in effect for the duration of the Plan Year unless I have a change in family status (marriage, divorce, birth, adoption or death) or in employment status.
- My out-of-pocket expenses must be incurred while I am an eligible participant and during the Plan Year to be considered for reimbursement (the date of service, not the date of invoice, must occur during the Plan Year).
- I cannot itemize and deduct my out-of-pocket expenses again on my IRS Form 1040 for any accounts in which I am enrolled (premiums, health and/or daycare).
- I understand that I am required to save all receipts for benefit card purchases in case I should be audited by the IRS.

I hereby authorize my employer to deduct from my salary, or other compensation, the required contributions for the amounts I have elected above. I agree to comply with the terms and conditions of the plan. I also acknowledge the receipt of the HIPAA Privacy Notice.

DEBIT CARD - ACKNOWLEDGEMENT & AUTHORIZATION (FSA AND/OR HRA ONLY):

I understand that:

- I have received, reviewed and understand the procedures of this debit card.
- Benefit card funds are authorized only for the payment of qualified expenses as outlined in my employer's plan document.
- The benefit card may be used only for eligible expenses at the point-of-service, and I may be required to submit a claim form with receipts and/or bills to Chard Snyder to substantiate the expense.
- I cannot itemize and deduct my out-of-pocket expenses again on my IRS Form 1040 for any accounts in which I am enrolled.
- I understand that I am required to save all receipts for benefit card purchases in case I should be audited by the IRS.
- If I use my benefit card for ineligible expenses, I will be required to pay back the amount that was not covered by my plan.
- If I do not repay amounts used for ineligible expenses, my employer and/or Chard Snyder has the right to cancel my benefit card and deduct this amount from my salary.
- These funds have not or will not be reimbursed under any other plan coverage.
- I cannot include these expenses again when filing Form 1040 at year-end.
- Chard Snyder will not be held responsible for processing duplicate claims that I have submitted in error.
- The benefit card may not be accepted at all merchants that accept MasterCard/Visa.
- There is no cash access available for funds on the benefit card at any ATM.
- The benefit card must be returned upon demand.
- I have checked with my employer to verify the monthly fee, if any, to add to the benefit card.

I understand and agree to the terms and conditions specified on this form and authorize Chard Snyder to complete my request as indicated.