



2020 LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT ENROLLMENT FORM

(Return this form to Terri Heintz, BOE Central Office by 12/06/19)

Simsbury Public Schools Employer		<input checked="" type="checkbox"/> 12 Month Plan Year <input type="checkbox"/> Short Plan Year	No. Of Payroll Deductions: 20						
(Please print)									
Employee's First		Employee Social Security Number							
Middle									
Last Name									
Employee's Address	Street	City	State Zip						
		Home Phone	Cell Phone						
Employee Birth Date Mo / Day / Year	Complete for additional debit card		Employer Plan Effective Date: January 1, 2020						
	Spouse/Dependent Name	Date of Birth	Social Security Number						
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			Eligible Expenses incurred: January 1, 2020 – March 15, 2021						
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Spouse and dependent age 18+ debit cards will automatically have access to FSA Funds		Claims must be submitted to the Stirling Benefits office no later than: March 31, 2021						
(Required) Employee E -mail Address for Plan notices and communications		To be completed by Employer							
You may access your FSA Account online at: https://www.mywealtheonline.com/stirlingbenefits/ or download our Mobile app – Search Stirling Benefits		<ul style="list-style-type: none"> • Employee Effective Date for Plan: January 1, 2020 • Date of first Payroll Deduction: January 2, 2020 • For 25% Concentration Test - Is this employee considered a: <table style="margin-left: 20px;"> <tr> <td>Key Employee</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Highly Compensated</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table> 		Key Employee	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Highly Compensated	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Key Employee	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
Highly Compensated	<input type="checkbox"/> Yes	<input type="checkbox"/> No							

PLEASE NOTE: If you previously requested additional debit cards for your spouse or dependents, their debit card will automatically have access to new Plan Year elected funds. Please call the Stirling Benefits office to communicate changes.

No, I do not want to enroll in the Flexible Spending reimbursement accounts. If a change of status occurs, I may have the right to sign on the plan at that time if my employer's plan allows.
Signature: x _____ **Date:** _____

YES, I want to enroll. The IRS regulation states these conditions: **1.)** Any expenses you incur must be within the plan year. **2.)** Any expenses you incur must not be covered by any other source such as insurance. **3.)** You must provide proper documentation in order to receive payment. **4.)** You cannot change or revoke your elections during the plan year unless there is a specific change of status and your employer allows such changes. **NOTE:** Enrolling may have a minor effect on your social security benefits. Please seek appropriate advice.

LIMITED PURPOSE HEALTH CARE ACCOUNT: \$ _____ (Minimum - \$100 / Maximum - \$2,750)
For employees that are contributing to an HSA Account – Dental and Vision Expenses Only

Signature: X _____ **Date:** _____

Employees who elect to participate in the program will pay an annual \$60.00 participation fee (\$5.00 per month.)

(The following section will be completed by the Employee Benefits Dept.)

2020 PLAN YEAR TOTAL ELECTION: \$ _____ + **\$60.00 FEE** = \$ _____

OF PAYROLL DEDUCTIONS: 20 **P/R DEDUCTION AMOUNT:** \$ _____

Accepted and Agreed to by Simsbury BOE Authorized Representative

By _____ Date _____