

Flexible Spending Account (FSA) Payroll Deduction Form

Section A: Personal Information

Employer Name

First Name

Last Name

Social Security Number

Email

Phone

Section B: Calculating Your Maximum FSA Contribution

Use this section to determine how much you enroll for the 2023 Calendar Year

	Minimum allowed salary reduction for 2023	Maximum allowed salary reduction for 2023*	Your Requested Total Annual Contribution Amount (2023 Plan Year)
<input type="checkbox"/> Full Health FSA	\$100.00	\$3,050.00	= _

*The IRS has established annual limits that can be contributed to a Health Flexible Spending Account and Dependent Care Account. If married, but filing separately, then the maximum 2023 contribution is \$2,500 per family member.

NOTE: A Full Health FSA is NOT allowed if a member is enrolled and contributing to a Health Savings Account (HSA).

NOTE: If you have previously contributed to an FSA and/or Dependent Care via payroll deduction or directly to your account during the current plan year, you should track your annual contributions to ensure you do not exceed the annual maximum allowed.

Section C: FSA and Dependent Care Payroll Contribution Election

	Annual Election Amount	Number of Pay Periods	Per Pay Period Amount
<input type="checkbox"/> Full Health FSA	\$ _____	/ 26	= \$ _____

Section D: Employee Authorization

I authorize the deduction from my salary on a per paycheck basis, by the amount designated in Section C as a pre-tax contribution to my Health and/or Dependent Care Flexible Spending Account(S) (FSA, Dependent Care FSA). I understand funds that are deducted from my pay and not used for eligible expenses incurred after my FSA account was established will be taxable in accordance with IRS regulations, and it is solely my responsibility to report these funds to the IRS.

Employee Signature

Date

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