



Flexible Spending Account Application Form

Instructions: Please complete boxes outlined in **RED**

Flexible Spending Account

A Flexible Spending Account allows you to pay for medical care expenses pre-tax. With an FSA, you save approximately 25% for each dollar spend on these expenses.

Annual Minimum Medical FSA: \$100

A: Personal Information

Last Name: _____ Middle Initial: _____ First Name: _____
Date of Birth: ____/____/____ Social Security Number: _____
Street Address: _____ Apt #: _____
City: _____ State: _____ Zip Code: _____
Home Phone Number: _____ E-mail Address: _____
Gender: Male Female
Occupation: _____ Date of Hire: ____/____/____
Hours: _____ Salary: _____

B: Health Care Expenses

Annual Election Amount: \$ _____

D: Acknowledgement of Coverage and Signature

Name Printed: _____

Signature: _____

Signature Date: ____/____/____