

Berkshire Schools
Flexible Spending Account Plan
2019
Benefit Election Form

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

I. EMPLOYEE INFORMATION

EMPLOYEE NAME: _____ SOCIAL SECURITY NO: _____
ADDRESS: _____ CITY, STATE & ZIP: _____
EMAIL: _____ EFFECTIVE DATE: _____

II. DEPENDENT CARE REIMBURSEMENT ACCOUNT

You may elect to pay for your Dependent Care expenses with Pre-Tax dollars. You may elect to deposit up to \$5,000 for the PERIOD 1/1/19 to 12/31/19 in your Dependent Care Reimbursement Account. However, if you are married and file your taxes as a single individual, you are limited to \$2,500 the PERIOD 1/1/19 to 12/31/19. Once these expense items are claimed, payment of these expenses will be issued on a Pre-Tax basis, saving you Federal, State and Fica taxes. Paper claim reimbursements will be reimbursed at least twice monthly.

Enter dollar amount to deposit per pay: \$ _____ or \$ _____ annually.

III. MEDICAL CARE REIMBURSEMENT/WELLNESS PLAN

This plan is a fund that will help you to save money on expenses that normally would not be paid by your traditional Health Insurance Plans and can be utilized to help offset your out of pocket Medical, Dental Vision and Rx expenses. Expenses are paid with Pre-Tax dollars. You may elect up to \$2,700 for the PERIOD 1/1/19 to 12/31/19. Paper claims will be reimbursed at least twice monthly.

Enter dollar amount to deposit per pay: \$ _____ or \$ _____ annually.

IV. AUTHORIZATION (YOU MUST SIGN BELOW EVEN IF YOU HAVE ELECTED NOT TO PARTICIPATE)

I have read all of the enrollment material explaining this benefit plan. I agree that my cash compensation will be redirected according to my elections. These elections shall be in addition to other agreements or benefit programs maintained by my employer. I cannot change or revoke my elections on this plan unless I have a qualified status change during the plan year. Prior to the first day of each plan year I will be offered the opportunity to change my elections for the following plan year.

Employee Signature

Date

Please note this deduction is taken for 24 pays in a Calendar year.