

*State

*Date

Date

*Zip



Flexible Spending Account (FSA) Data Collection Worksheet

Please complete and submit this worksheet to your employer. This is an internal document used by your employer for data collection purposes. Worksheets submitted to Discovery Benefits will not be processed.

Employee ID Number

*City

*Social Security Number

*=Required Fields

*Employer Name (Do not abbreviate)

*Participant Name (First, MI, Last)

*Participant Mailing Address

*Participant Signature

Participant Signature

Email Address		Day Telepl	- none	-				
*Date of Birth (mm/dd/yyyy)	yy) *Hire Date (mm/dd/yyyy)		*Gender (M/F) *Mai		artial Status (Married/Single)			
Step 2: Employee Premiums								
automatically be enrolled in this procession part of the Plan by co	or insurance premiums, eligible pre portion of your Section 125 Plan. H ontacting your HR Department and your Medical or Limited Medical S _F	lowever, if I filling out	you wish, y the waiver	ou may o	opt out of the l	Emp	oloyee Premium	
Step 3: Enrollment and Election	Information							
*Plan Type (If enrolled in an HSA, you are not eligible to enroll in the Medical FSA. However, you are eligible for both the Limited Medical FSA and Dependent Care FSA if offered through your employer.)		Medical FSA Limit set by employer		Limit	Dependent Care Account Limit set by employer up to IRS maximum		Limited FSA Limit set by employer if this plan type is offered	
*Annual Election (if employer funded, note "ER" next to amount):		\$		\$		ş	.	
*Number of Pay Periods (if enrolling mid-year, please enter the number of remaining pay periods within the plan year):		÷		÷	÷		ŧ	
*Per Pay Period Amount (to be deducted each pay period):		=		=		-	=	
*Date of First Payroll (mm/dd/yyyy):								
*Participant Effective Date (mm/dd/yy	уу):							
*Pay Frequency (please check one):								
		Monthly	Semi- Monthly	Bi-Weekl 24	y Bi-Weekly W 26	eekly	y Other	
Step 4: Authorization								
plan year and that I cannot chang Code Section 125 and submit my of the plan's forfeiture provision	ee my pay on a per-pay-period basisge or revoke my election unless I ex request within a reasonable amou and that my Social Security and fe Further, I authorize the release of count.	perience a nt of time ederal uner	qualifying as deemed mployment	event in by the II benefit	naccordance w RS and my emp s may be redu	ith l ploy ced	Internal Revenue er. I am aware because of my	

Step 5: Refusal (Note: Only complete this step if you are NOT electing to enroll in a Flexible Spending Account)

Revised 9/14/15