StirlingBenefits℠
Evolving the Business of Benefits℠

FLEXIBLE SPENDING ACCOUNT ENROLLMENT FORM

Town of Greenfield Employer	☐12 Month Plan Year ☐Short Plan Year	**To be completed by Employer** Employee Effective Date for Plan: _____ Date of first Payroll Deduction: _____ For 25% Concentration Test - Is this employee considered a: Key Employee ☐ Yes ☐ No Highly Compensated ☐ Yes ☐ No
Employee's First Name Last Name		Social Security Number
Employee's Address Street City State Zip		Home Phone / Cell Phone

(Required)
Employee E -mail Address for Plan notices and communications

You may access your FSA Account online at: https://www.mywealthcareonline.com/stirlingbenefits/ or download our **Mobile app – Search Stirling Benefits**

Birth Date Month | Day | Year	☐ Male ☐ Female **Gender**	☐Single ☐Married **Marital Status**

Complete for additional debit card(s)

Spouse/Dependent Name	Date of Birth	Social Security Number

Spouse and dependent debit cards will automatically have access to FSA Funds

No, I do not want to enroll in the reimbursement sections. 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: _____

Employer Plan Effective Date: **July 1, 2018**

Eligible Expenses incurred: **July 1, 2018– September 15, 2019** must be submitted to the Stirling Benefits no later than: **September 30, 2019**

	Annual Election	# of Pays	FSA Deduction Per Pay
1. HEALTH CARE ACCOUNT: (Minimum $100 / Maximum - $2,650) Effective January 1, 2011, Over-The-Counter drugs or medicines not prescribed by a doctor will no longer be reimbursable under an FSA program	_____	÷ ☐21 ☐26 ☐52 =	_____
2. DEPENDENT (Day) CARE ACCOUNT: (Minimum $100 / Maximum - $5,000)	_____	÷ ☐21 ☐26 ☐52 =	_____

If you, or your employer on your behalf, actively contribute to an HSA account, or your spouse contributes to an HSA, you may not participate in the Health Care Account.

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.

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 our office to communicate changes.

Signature: *x*_____ Date: _____

Accepted and agreed to by the Company's Authorized Representative

By _____ Date _____