



Human Resources
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Flexible Spending Account (FSA) Election Form

Flexible Spending Accounts (FSAs) allow employees to set aside money from their paychecks on a pre-tax basis into two types of reimbursement accounts:

- Health Care Flexible Spending Accounts are for reimbursement of qualifying health expenses, such as medical, dental and vision care expenses, for you and your family.
- Dependent Care Flexible Spending Accounts are for reimbursement of qualifying dependent care expenses, such as child day care, adult day care, preschool and camps.

Elections are made for a 12-month period, from July 1, 2021 – June 30, 2022. Elections may only be changed with a qualifying family status event.

FSAs are a “use it or lose it” benefit. If funds remain in your FSAs at plan year end, these balances are forfeited.

EMPLOYEE INFORMATION

Name (First, Last): _____ ID #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Ph. #: _____ Email Address: _____

2021-2022 HEALTH CARE FLEXIBLE SPENDING ACCOUNT ELECTION:

- I authorize \$_____ per plan year, which is \$_____ per paycheck, to be deducted from my paycheck and placed in my Health Care Flexible Spending Account administered by WEX Health, Inc. **\$2,750/plan year employee maximum.**
- I do not wish to participate in the Health Care Flexible Spending Account.

2021-2022 DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT ELECTION

- I authorize \$_____ per plan year, which is \$_____ per paycheck, to be deducted from my paycheck and placed in my Dependent Care Flexible Spending Account administered by WEX Health, Inc. **\$5,000/plan year employee maximum.**
- I do not wish to participate in the Dependent Care Flexible Spending Account.

I authorize my employer to make the above deductions from my paycheck on a pre-tax basis. I understand that I will be able to request reimbursement for the withheld monies when I incur eligible expenses during the plan year in accordance with the plan documents.

Employee Signature: _____

Employee Signature

Date