

2019-- FLEXIBLE SPENDING ACCOUNT ENROLLMENT FORM

**Jewish Theological Seminary
Office of Human Resources**

↓ FULL NAME (PRINT) ↓	↓ WORK PHONE ↓
↓ HOME ADDRESS, CITY, STATE, ZIP ↓	
↓ Email address, indicate work or home (REQUIRED for direct deposit and year end reminder notifications) ↓	

FLEXIBLE SPENDING ACCOUNTS: I authorize the following payroll deductions each pay period, pretax, for the reimbursement of eligible health and/or dependent care expenses.	
Health Care FSA: Maximum health FSA \$2,700/yr. Minimum health FSA \$240/yr.	\$ _____ annually
Dependent Care FSA: Maximum dependent care FSA \$5,000/yr. (\$2500 if married and filing separate tax returns) Minimum dependent care FSA \$240/yr.	\$ _____ annually
I understand that my Social Security benefits may be somewhat lower since Social Security taxes are not payable on my pretax deductions and/or contributions.	

BANK INFORMATION -- DIRECT DEPOSIT <i>If you are electing direct deposit, please attach a copy of a voided check. Your email address is required for Benefit Analysis (Administrator) to notify you of the deposit.</i>	Check one: <input type="checkbox"/> Savings <input type="checkbox"/> Checking	
↓ COMPLETE ACCOUNT NAME ↓ (Sample: John E. and Mary Jones)	↓ ABA ROUTING NUMBER ↓	↓ ACCOUNT NUMBER ↓
NAME AND ADDRESS OF THE RECEIVING BANK:		
PRINT: BANK NAME	ADDRESS	CITY, STATE, ZIP

This authorization replaces any previous authorization. I certify that I will comply with all the provisions of the flexible spending account's summary plan description and plan document.

_____ SIGNATURE _____ DATE _____

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| 📄 PLEASE PRINT ALL INFORMATION; remember to keep a copy for your records and return the signed copy to the Office of Human Resources
📄 Indicate the dollar amount you wish deducted annually.
📄 Complete the Bank Information section if you would like your reimbursement electronically transferred.
📄 Complete the email section to receive 1) verification of direct deposit and/or 2) year end reminder statements of account balances |
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